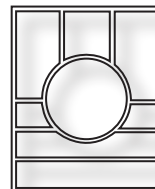
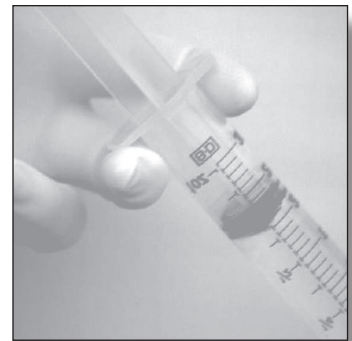




Increasing Latino Participation in the Nursing Profession:

Best Practices at California Nursing Programs



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Increasing Latino Participation in the Nursing Profession:

Best Practices at California Nursing Programs

Hayley Buchbinder, MPP, MPH

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Executive Summary

At more than 2.2 million strong, registered nurses (RNs) represent the largest single occupation in the health care industry (BLS 2004). Their role is increasingly sophisticated, encompassing much more than direct patient care. They manage lower level staff and serve as patient advocates. With advancing health care technology and the increasing use of prescription drugs, nursing often requires significant technical expertise. As such, nurses are the lynchpin of the highly complex health care team that currently defines today's health care delivery system.

At the same time, the United States is in the midst of yet another nursing shortage. The current nursing workforce is aging and retiring, and not enough young people are entering its ranks. There are many factors contributing to this gap between supply and demand: An aging population requiring skilled nursing care; a health care delivery system that has become more technologically sophisticated; and mandatory minimum staffing ratios that stem from the correlation between staffing ratios and health care outcomes.

Many experts believe that increasing the participation of minorities is a key component in addressing the nursing shortage. But nursing has yet to draw on the fast-growing minority youth population. While the population of the United States has become more diverse, the nursing workforce remains nearly 90 percent white non-Hispanic. In California, Latinos are one of the fastest growing and largest minority groups, but comprise only 4 percent of registered nurses. Not only does this present a disparity in terms of racially concordant health care for the state's growing Latino population, it means California will suffer one of the most severe nursing shortages in the country.

The goal of this study was to look at possible ways to increase the participation of Latinos in the nursing workforce. More specifically, we sought to identify best practices among California's higher education nursing programs that lent themselves to increasing Latino participation by addressing the barriers that stop Latinos from pursuing nursing.

Many of these barriers affected all nursing students. However, some were more salient to the socioeconomic and cultural attributes of the Latino population. In interviews with Latino nurses, nursing students, educators and researchers, the following categories of barriers were identified:

- ▶ Family-related barriers
- ▶ Financial barriers
- ▶ Pre-college educational barriers
- ▶ Lack of Latinos in leadership roles in health professions
- ▶ Socio-cultural barriers
- ▶ Systemic barriers in higher education

After conducting a benchmarking analysis of the nursing programs in California, we selected seven programs for a more detailed "best practice" analysis. Visits to these schools revealed the following categories of practices that addressed the documented barriers:

- ▶ Improving an understanding of nursing among Latinos
- ▶ Tailoring nursing education to working students
- ▶ Emphasizing student-centered programs and strong student services
- ▶ Highlighting Latinos in leadership roles
- ▶ Creating culturally aware and supportive learning environments
- ▶ Working with limited funding by expanding capacity and resources

Policy makers, the nursing community and other stakeholders can lend support to these exemplary practices by better educating high school and community college guidance counselors; continuing to improve articulation between the different nursing degrees; making financial aid accessible by addressing cultural barriers to access; providing greatly needed funding for community college nursing education by promoting and providing strategic leadership in partnerships between public and private sectors.

By addressing these barriers, policy makers, educators and members of the health care industry can help to increase the participation of Latinos in the nursing workforce. This will address the dual objective of finding solutions to the nursing shortage and providing culturally and linguistically appropriate care to an increasingly diverse patient demographic.

Introduction

This study seeks to look at possible ways to increase the participation of Latinos in nursing by identifying factors that contribute to the shortage of Latino registered nurses. It analyzes and benchmarks current methods and novel approaches that have proved useful in increasing the number of Latino registered nurses as well as those in graduate level training. While many of the barriers to Latino achievement were deeply entrenched issues throughout California's educational system, our focus was on those that could be addressed through college and university level programs.

The project employed a multi-tiered approach:

- 1 Identifying and describing key features of the policy environment, the structure of health care in California and the main barriers to Latino participation in nursing;
- 2 Identifying college- or university-based programs that were exemplary in recruitment, training, placement and retention of Latinos in nursing careers;

- 3 Documenting "best practices," program structures and enabling policies of exemplary programs; and
- 4 Dissemination of project findings to key health officials, health organizations and health educators throughout the state.

The ultimate goal was to provide information to policy makers and stakeholders in California's allied health industry.

The report is organized into four sections. Part I includes an analysis of the policy context of the nursing shortage in California, nursing education and the role of the minority nursing student within this larger framework. Part II discusses the barriers to increasing Latino participation in nursing as documented by TRPI interviews with Latino nurses and nursing students, as well as those cited in previously published reports. Part III details best practices identified through TRPI visits to exemplary nursing programs. Lastly, Part IV presents the policy implications of TRPI's findings and suggests future directions for policy makers and other key stakeholders.



Part 1.

The Nursing Shortage and Nursing Education: Background

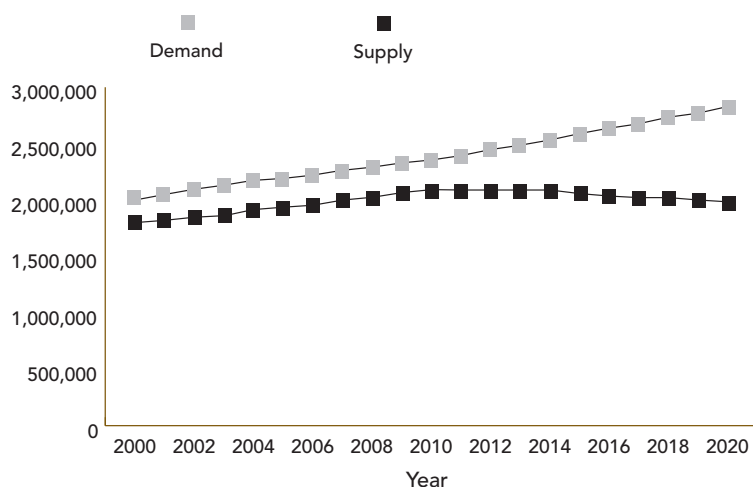
The United States is currently in the midst of yet another nursing shortage. Historically, experts cited low wages as the primary driver of nursing shortages in 1979-1980 and 1986-1988. More precisely, shortages resulted when employers responded too slowly to the decreased supply of nurses by increasing wages (Newschaffer and Schoenman 1990). Today's shortage cannot be explained by low wages alone, however. In 2000, the national unemployment rate for RNs was 1 percent, its lowest level in a decade (GAO July 2001). It caused hospitals, as the primary employers of nurses, to go to great lengths, including offering financial incentives, to recruit adequate staff. Despite these efforts, the gap between supply and demand remains, with shortages projected well into the future (GAO 2001). (Figure 1)

The Nursing Shortage in California

California is in the midst of what has been described by the University of California, San Francisco Center for the Health Professions as a "workforce crisis." The state has an estimated 206,140 active nurses and may need 61,000-114,000 more over the next two decades. Compared to the rest of the nation, California has the lowest number of working RNs per 100,000 people—566 compared to the national average of 798 (Coffman et al 2001, BLS 2004). The shortage is most extreme in rural areas, with some counties having fewer than 400 RNs per 100,000 people. The shortage is driven by many of the same demand-side and supply-side factors that exist in the greater United States (Coffman et al 2001).

Figure 1

NATIONAL SUPPLY AND DEMAND PROJECTIONS FOR FTE REGISTERED NURSES: 2000 TO 2020



SOURCE: Sechrist KR, et al (2002). Planning for California's Nursing Work Force: Phase III Final Report.: Association of California Nurse Leaders

Demand-Side Factors Contributing to the Nursing Shortage

The increased demand for nursing professionals is likely to surpass all other occupations in the next decade. The Bureau of Labor Statistics recently ranked registered nurses as number one in terms of largest predicted job growth in the years 2002-2012. (ANA 2004).

One reason for the increase in demand is an aging popu-

The increased demand for nursing professionals is likely to surpass all other occupations in the next decade.

lation and the retirement of the Baby Boomer generation. From 2000 to 2030, the number of those 65 and over is expected to double (GAO July 2001). In addition, in order to reduce costs, hospitals have attempted to reduce the length of patient stays while at the same time limiting admission to those who have the greatest need for hospitalization. This means that nursing professionals must treat a greater proportion of sicker patients, who require increased attention and expertise (Coffman et al 2001).

Another factor likely to increase the demand for RNs is the nurse-to-

patient ratio as it relates to the quality of care and preventable deaths. Studies have found that hospital wards with larger numbers of patients per nurse have higher mortality rates than those where nurses are responsible for fewer patients. This spurred a great deal of legislation regarding increased regulation of staffing levels (Aiken et al 2002). In California, the result was the Safe Staffing Law signed in 1999 by then-Governor Gray Davis (Abram 2004). Effective January 1, 2004, mandatory nursing ratios are one nurse on duty for every six patients in medical-surgical wards, one nurse to four patients in emergency rooms, and one nurse to two patients in labor and delivery wards. Overall, nurses may not care for more than eight patients at a time (Ostrov F. January 2004). Preliminary surveys of hospital staffing levels showed a 70 percent increase within the first month the law was enacted. (CNA January 2004).

Table 1

**RACE/ETHNICITY OF REGISTERED NURSES
COMPARED TO THE GENERAL US POPULATION**

RACE/ETHNICITY	% US POPULATION*	% NURSES**
Caucasian	75.1	86.6†
African American	12.3	4.9†
Asian or Pacific Islander	3.7	3.7
Hispanic	12.5	2.0
American Indian or Alaskan Native	0.9	0.5
Other race	5.5	N/A
Two or more races	2.4	1.2

*Percentages add up to 112.4 percent because Hispanics may be of any race and are therefore counted under more than one category.

** Figures total to less than 100 percent because some nurses chose not to report their racial/ethnic background

† Non-Hispanic

SOURCE: Schaffner and Ludwig-Beymer 2003

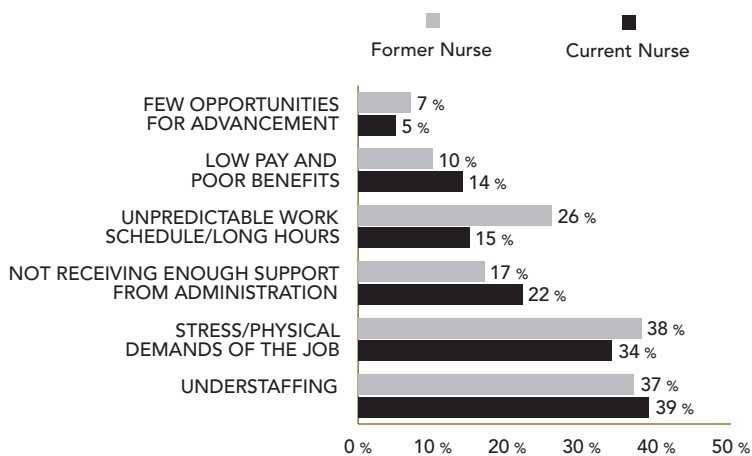
Supply-Side Factors Contributing to the Nursing Shortage

Nursing has persisted as a profession dominated by white non-Hispanic women; as of 2002, 94.6 percent of all registered nurses were female and 86.6 percent were white non-Hispanic. Although the percentage of men and minorities in nursing has increased, it is in no way representative of the patient population or the United States as a whole (Table 1). As the population of the United States continues to diversify, the failure of nursing to attract males and minorities into the profession will further exacerbate existing shortages as workers are drawn from a smaller and smaller part of the potential workforce (Kimball & O'Neil 2002).

The standard national profile of today's nurse is a White female with an average age of 45.2 (Spratley et al 2000). Nurses in California are older with an average

Figure 2

BIGGEST PROBLEM WITH BEING A NURSE



SOURCE: Federation of Nurses and Health Professionals

age of 47 (Collins 2001). As of March 2000, only 9.1 percent of the RN population was under the age of 30, and only 31.7 percent were under 40 (Spratley et al 2000). In 1997, 16 percent of nurses in California were over 55 years old, and 40 percent were over 45 (Center for Health Professions 2002). The average age of registered nurses has been steadily increasing over the past two decades. The fact that older nurses are

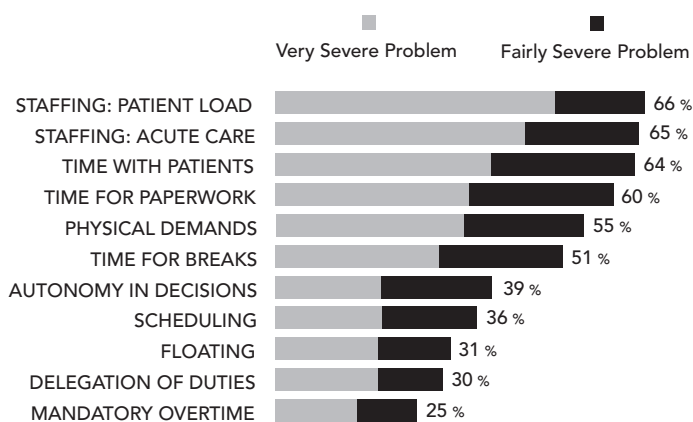
within the next five years due to working conditions (Schaffner and Ludwig-Beymer 2003). In a survey by the American Nurses Association (ANA), 54.8 percent of RNs and licensed practical nurses (LPNs) would not recommend nursing as a career for their children or friends, and 23 percent would actively dissuade someone close to them from entering nursing (GAO July 2001). Nationally, 18.3 percent of RNs were not employed in nursing at all (18.6 percent in California).

According to a survey by the Federation of Nurses and Health Professionals, the number one problem was understaffing, which resulted in high patient loads, too much paperwork, and not enough time to spend with individual patients (Aiken et al 2001) (Figure 2).

In one study, nurses reported spending too much time on non-nursing tasks, such as delivering food trays. This took away from tasks they felt were a greater priority, such

Figure 3

SEVERITY OF PROBLEMS FACING RNS



* 79% of current nurses report an increase in the acuity of patients

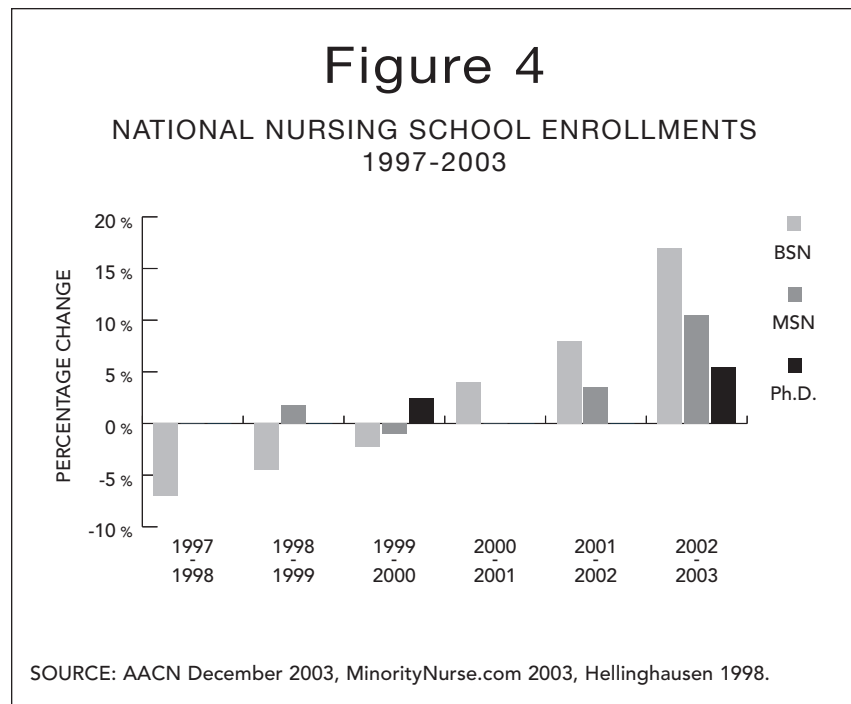
SOURCE: Federation of Nurses and Health Professionals, 2001.

The U.S. Department of Labor has projected the need for one million replacement nurses by 2010.

as comforting patients or talking with family members. This caused great frustration (Aiken et al 2001). Figure 3 indicates the severity of these problems and the percentage of "potential leavers," or nurses who have considered leaving the nursing profession as a result.

Another significant issue was conflict with management. Most nurses felt that hospital administrations were unresponsive to their concerns and that their contribution to patient care was unacknowledged. Good management has been identified as a key factor in retaining nurses. Of those who were satisfied with their immediate manager, less than half had considered leaving their current employer. Of those who were dissatisfied with their immediate manager, 90 percent considered leaving. (Schaffner and Ludwig-Beymer 2003).

Job dissatisfaction has also affected the perception of nursing among potential students. Hospital nurses are to some degree perceived as "angels of mercy" working in an environment that is "unresponsive, stressful and highly structured...[and] not open to change." (Kimball et al 2002). However, it is debatable how much this has affected the draw of nursing as a profession. On one hand, other career paths, such as business, computer science, law and medicine, are drawing individuals away from nursing (Collins 2001; Schaffer and Ludwig-Beymer 2003). At the same time, wait lists to enter nursing school are getting longer, which may mean nursing is either enjoying an increased popularity or that economic downturns in competing industries make nursing look like a solid career option.



Nursing School Enrollments

Despite these problems, nursing school enrollments indicate that the profession has experienced a resurgence in recent years. Nationally, nursing school enrollments in four-year baccalaureate (BSN) programs rose 16.6 percent in the fall of 2003 from the previous year. This followed two years of increases, with enrollments up 3.7 percent in 2001 and 8 percent in 2002. While this is encouraging, it comes in the wake of six years of decreasing enrollment.

In many cases the rate of nurses entering the workforce is not sufficient to replace those who leave prematurely. The U.S. Department of Labor has projected the need for one million replacement nurses by 2010 (AACN 2003). Yet in Maryland, for example, only three new graduates entered the field for every eight nurses who retired (Villarosa 2001). Baccalaureate nursing programs in the Western United States experienced the smallest increase in the country, 8.6 percent compared to 22.1 percent in the North Atlantic, 16.7 percent in the Midwest and 15.9 percent in the South (AACN 2004).

A serious impediment to increasing enrollment rates is caused by limited resources. In 2003, more than 11,000 qualified applicants were turned away from baccalaureate nursing programs due to limited faculty and classroom space. This was an increase from the 5,000 applicants turned away in 2002. The profession loses many potential students to other careers because they linger too long on nursing school waiting lists (AACN 2003).

The faculty shortage is expected to worsen in coming years as graduation rates from advanced degree nursing programs are not likely to keep pace with faculty retirement (Nurses for a Healthier Tomorrow 2004). Between 200 and 300 doctorally prepared faculty will be eligible for retirement each year from 2003 through 2012, while 220 to 280 master's prepared faculty will be retirement eligible between 2012 and 2018 (Berlin and Sechrist 2002). Although enrollment rates for graduate degree programs are up, graduation rates for master's programs were down 2.5 percent, and doctoral programs were down 9.9 percent in 2003 (AACN 2003) (Figure 4).

Addressing the Nursing Shortage:

► Industry, Policy makers and Nursing Professionals

The nursing profession has responded to the recent shortage with a combination of strategies that focus on educating and influencing policy makers and improving the image of nursing. Nurses for a Healthier Tomorrow, a coalition representing 27 nursing organizations, implemented a multimedia image campaign that portrayed nursing as a dynamic profession and was aimed at encouraging youth to pursue nursing (Kimball 2002). Some nursing associations have also been involved politically, supporting legislation that established mandatory minimum staffing ratios and decreased mandatory overtime. These associations also supported legislation encouraging nursing representation in management and funding for nursing education (Americans for Nursing Shortage Relief 2003). A second consortium launched a strategic

plan titled, "Nursing's Agenda for the Future: A Call to the Nation." (ANA 2002). The group identified the following 10 domains as key points in addressing the nursing shortage: leadership and planning; economic value; delivery systems; work environment; legislation/regulation/policy; public relations/communication; professional/nursing culture; education; recruitment/retention and diversity.

► Minority Nursing Associations

There are several national ethnic nursing associations that support and encourage young minorities toward the nursing profession, including the National Association of Hispanic Nurses, Inc. (NAHN).¹ Many have local affiliates which offer conferences and workshops aimed at advancing the careers of minority nursing professionals. These associations also offer mentorship programs, scholarship opportunities and national conferences.

► The Health Care Industry

The health care industry has taken matters into its own hands with aggressive recruitment campaigns and offers of increased wages and incentives. Nurses travel across the country in exchange for large signing bonuses, assistance with home financing, or paid college tuition for their children (Tarkan 2004). The industry has also begun recruitment of foreign nurses, with a particularly large influx of registered nurses coming from the Philippines.

Another tactic used by hospitals has been to decrease demand for registered nurses by finding substitutes for them. Hospitals and managed care organizations are known to replace RNs with lower skilled allied health workers (Norrish and Rundall, 2001). The most recent and perhaps creative attempt to substitute nurse labor has been to explore the use of robots for some of the more routine nursing tasks, such as shuttling medications and medical records, (Tarkan 2004) or allowing nurses to monitor patients remotely (NewsRx.com 2004). However, industry attempts to replace RNs in California have been stymied by mandatory minimum staffing ratios.

¹ Other minority nursing associations include: the National Coalition of Ethnic Minority Nurse Associations (NCEMNA), the American Assembly for Men in Nursing, the Asian American/Pacific Islander Nurses Association, Inc. (AAPINA), the National Alaska Native American Indian Nurses Association, Inc. (NANAINA), the National Black Nurses Association, Inc. (NBNA), and the Philippine Nurses Association of America, Inc. (PNAA).

Even non-hospital entities have become involved in bringing more nurses into the workforce. In February 2002, the Johnson and Johnson Company launched a two-year, \$20 million media campaign to increase enrollment in nursing programs. The campaign consisted of television commercials, distributing materials about nursing to more than 20,000 high schools, creating scholarships for students and faculty, raising funds, and maintaining a website that has information about nursing opportunities (Buerhaus et al 2002).

Nursing Education

The nursing profession is represented by several separate educational degrees, each with its own educational path and career trajectory. It begins with nursing aides, also called Certified Nursing Assistants (CNAs). These individuals operate without a license but under the supervision of a vocational or registered nurse. The next step up the hierarchy is the Licensed Practical or Vocational Nurse (LPN or LVN), who is

LEGISLATION AND INITIATIVES ADDRESSING THE NURSING SHORTAGE

Federal and state governments as well as private organizations have all responded to the nursing crisis with a plethora of legislative bills, contracted studies and privately-funded initiatives. While most legislation is aimed at addressing the shortage by increasing supply, other bills, such as those mandating minimum nurse staffing levels, exacerbate it by increasing demand.

- ▶ **CALIFORNIA SAFE STAFFING LAW, 1999** The law required all non-federal California hospitals to meet minimum nurse-to-patient ratios in every hospital unit.
- ▶ **NURSE REINVESTMENT ACT, 2002** This major bi-partisan legislation enacted a variety of directives to address the nursing shortage, many of which have yet to be implemented due to a lack of funding. Broadly, its programs fell under the following categories: creation of a nurse service corps; public service announcements; nurse education, retention and practice grants; geriatric nurse training grants; and faculty loan repayment grants. Major themes included improving distribution of health professions workers in underserved areas and improving the representation of minorities and disadvantaged individuals in the nursing profession, and allocated \$10 million in FY 2003 to fund Nursing Workforce Diversity.
- ▶ **CALIFORNIA NURSE WORKFORCE INITIATIVE, 2002** A \$60 million, three-year initiative that included projects to improve nurse retention; 2,400 training and preceptorship positions in hospitals, community colleges or the California State University system; a statewide media campaign to promote the profession; additional funding for financial assistance and educational support for nursing students; on-site upgrade training opportunities for certified nurse assistants and licensed vocational nurses to become registered nurses (NCSL 2003).
- ▶ **NURSING PROFESSION: NURSING'S AGENDA FOR THE FUTURE (ANA 2002)** Intended to create diversity and cultural competence through educational programs and standards in the workplace; increase diversity of faculty, students and curricula in all academic and continuing education programs; focus recruitment and retention programs to greatly increase diversity; target legislation and funding for diversity initiatives.
- ▶ **CENTRAL VALLEY NURSING DIVERSITY INITIATIVE (California Endowment 2002)** A \$10 million initiative to expand the capacity of nursing to serve diverse student bodies. Components included funding scholarships and faculty fellowships for underrepresented groups in the San Joaquin Valley; developing policy and advocacy efforts to promote diversity in nursing; providing cultural competency technical assistance; creating communications and marketing efforts to promote nursing among diverse audiences.
- ▶ **HR 920, RECRUITMENT AND DIVERSITY IN NURSING ACT OF 2003 (HR920 2003)** Legislation introduced in February 2003 to the House of Representatives to promote careers in nursing and diversity of the nursing work force. Included initiatives to promote nursing awareness and recruitment programs in elementary and secondary schools.

Table 2

EDUCATIONAL DEGREES AND CERTIFICATION IN NURSING CAREERS

DEGREE	EDUCATION SETTING	EDUCATION	JOB DUTIES
CNA	High schools, nursing homes, hospitals, community colleges	<ul style="list-style-type: none"> ▶ 75 hours to certification ▶ Continuing Medical Education (CME) 	<ul style="list-style-type: none"> ▶ Certified Nursing Assistant ▶ Functions under the direction of RN or LVN ▶ Basic nursing skills: changing bed linens, taking temperature, respiratory and blood pressure readings for patients, bathing and help with personal care
LVN	High schools, hospitals, community colleges	<ul style="list-style-type: none"> ▶ 12-14 months/1530 total hours to complete the educational requirements ▶ Cost \$10,000-20,000 ▶ 30 unit option, career ladder for LVNs wishing to be RNs ▶ Must pass NCLEX-PN exam for licensure 	<ul style="list-style-type: none"> ▶ Licensed Vocational Nurse ▶ Licensed Practical Nurse ▶ Functions under the direction of RN or MD ▶ Care for clients whose conditions are considered stable, giving direct patient care, observing, recording and reporting, administering treatments and medications, and assisting in rehabilitation procedures
RN (ADN)	Community colleges	<ul style="list-style-type: none"> ▶ 1-2 years high school math and science prerequisite courses ▶ Approximately 2-3 years to complete the educational requirements ▶ Emphasis on clinical skills and direct patient care ▶ Must pass NCLEX-RN exam for licensure 	
RN (BSN)	Four year colleges and universities	<ul style="list-style-type: none"> ▶ Approximately 4-5 years to complete the educational requirements ▶ Emphasis on clinical skills as well as theory ▶ Accelerated programs for those with ADN-RN degrees and BA or BS in unrelated field ▶ Must pass NCLEX-RN exam for licensure ▶ BSN (and ADN w/ BA or BS) have greatest potential for career advancement in terms of specialty designation and opportunity to enter graduate programs 	<ul style="list-style-type: none"> ▶ Plan and give direct patient care to individuals and families, whether sick or well. Assume responsibility for directing CNAs and LVNs as well as other allied health professionals. ▶ Teach in clinical setting (not college or university)
RN (Diploma)	Hospitals	<ul style="list-style-type: none"> ▶ Approximately 3 years to complete the educational requirements ▶ Must pass NCLEX-RN exam for licensure ▶ Focused on hospital-based care. All programs closed in California. 	
MSN	Colleges and Universities	<ul style="list-style-type: none"> ▶ Approximately 2 years (post-undergraduate degree) to complete the educational requirements ▶ Average cost ~\$12,000/year, plus cost of books 	<ul style="list-style-type: none"> ▶ Management or teaching at community college or in a non-tenured track position at a university ▶ Expert clinicians, more autonomous roles ▶ Potential roles include management /administration, consulting, CNS, CRNA, CNM, NP, teaching, program development, research activities and implementation of research findings
Ph.D.	Universities	<ul style="list-style-type: none"> ▶ Approximately 4-6 years to complete the educational requirements (post undergraduate) 	<ul style="list-style-type: none"> ▶ Conduct research ▶ Chief officer health care organizations ▶ Teach (tenure track university positions) ▶ Consult

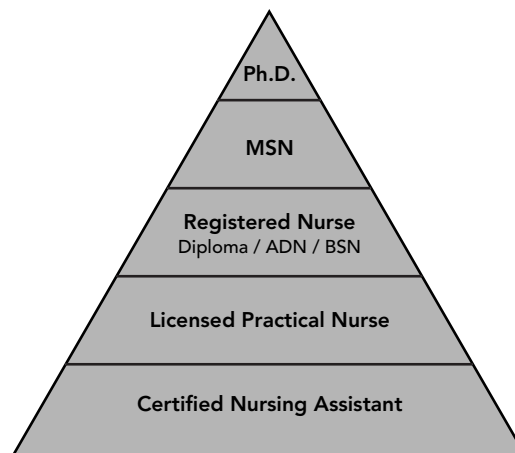
SOURCE: Ellis and Hartley 2001, Feingold 2004.

supervised by a registered nurse (RN) or a doctor. At the next level are RNs, who work under the supervision of or collaboratively with physicians. RNs can also pursue graduate degrees which enable them to specialize and enter into healthcare management and academia (Figure 5). Table 2 provides further elaboration of nursing educational degrees and their corresponding career paths.

There are three separate educational tracks that will qualify an individual to take the National Council of State Boards of Nursing Licensing Exam to become a registered nurse: The individual may have graduated with a two-year associate's degree in nursing (ADN); a four-year bachelor's degree in nursing (BSN); or, if they attended a hospital-based diploma program, no nursing degree at all (Figure 6).² In essence, the fact that a nurse is an RN signifies only that he or she passed the licensing exam; it says nothing about the individual's education or how one degree differs from another. There is debate in the nursing profession as to the extent that differences

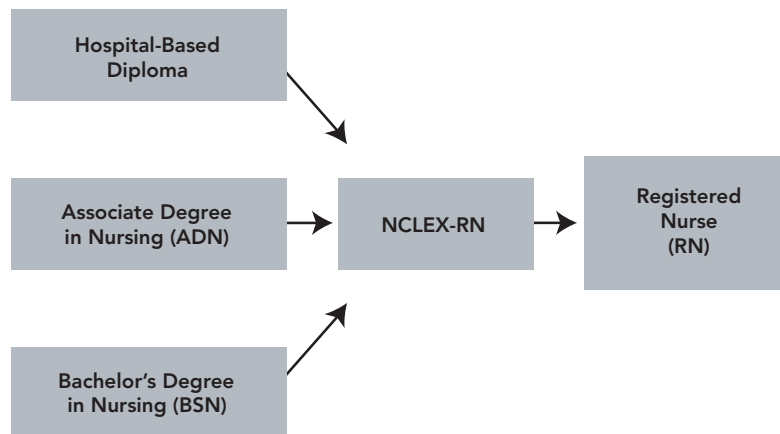
in education programs result in varying skill levels and career trajectories. This is of particular concern, as there is a significant demographic difference between

Figure 5
LEVELS OF NURSING DEGREES



SOURCE: Karp, 2002.

Figure 6
STEPS TO BECOMING
A REGISTERED NURSE

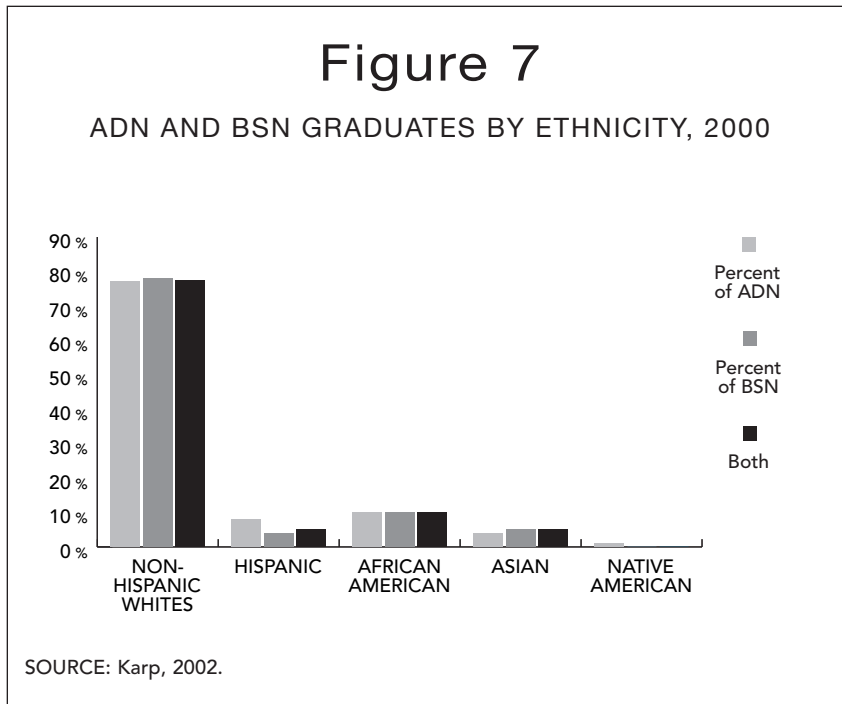


SOURCE: Karp, 2002.

the average ADN graduate, who is more likely to be an older minority with familial obligations, and the average BSN graduate. (Karp et al 2002).

² Diploma programs are nurse training programs that train nurses in the hospital where they will eventually work. At the end of the training, if the diploma students pass the NCLEX-RN, they are eligible to work at the hospital as registered nurses. However, because diploma students do not get a degree upon completion of their program, these programs are being phased out nationally. There are no diploma programs remaining in California. Thus, this report will primarily focus on ADN and BSN programs (Rodriguez, 2004).

The fact that a nurse is an RN signifies only that he or she passed the licensing exam; it says nothing about the individual's education or how one degree differs from another.



liberal arts, nursing theory and critical thinking. Yet little has been done to compare the curriculum or pedagogical practices of the two. Some observers argue that the two degrees are actually closer than they appear. Few ADN students finish in two years, and most do three years of schooling. Also, BSN programs are placing increased emphasis on clinical preparation. This suggests the two programs may be coming closer together in terms of content and training.

ADN versus BSN

Although RNs with a two-year degree have attended community colleges and those with a bachelor's degree attended a four-year institution, there is virtually no difference between the pass rates of ADN and BSN students in the licensing exam (83.8 percent for ADNs and 83.9 percent for BSNs). In addition, both types of nurses are hired at equal rates, have essentially equal initial pay and perform similar tasks during their first years of employment. Most employers do not express a preference for one type of entry-level nurse over another.

This lends credence to the idea that the ADN versus BSN education may not be all that much different. For example, the BSN requires two more years of education than the ADN. However, a BSN program includes all prerequisite courses and liberal arts requirements, while prerequisite courses and general ADN requirements must be completed before an ADN program begins. Proponents of the BSN, and many nurse researchers, assume a BSN education has more emphasis on

There is some evidence that BSN nurses are more likely to be promoted into management and supervisory positions. Employers expressed a preference for BSN graduates when hiring nurse managers. BSNs also have higher wages after some years on the job; however, the lifetime earnings are higher for ADNs due to the extra tuition and lost wages required to earn the baccalaureate (Karp 2002).

One of the most critical differences between the ADN and BSN is the limited professional advancement of ADN holders. Registered nurses with a BSN are eligible to enroll in any master's or doctoral level nursing program, allowing them to move into management, education or such specialty areas as Advanced Practice Nurses (APN). APNs are traditionally those with some level of specialization: Clinical Nurse Specialists (CNS), Certified Nurse Midwives (CNM), Certified Registered Nurse Anesthetists (CRNA), and/or Nurse Practitioners (NP). This kind of work allows for even greater autonomy, as well as positions in management, as faculty, research, or in positions outside the traditional hospital setting. It is in these

“[High school and some community college] counselors advise students to go to two-year programs because they are not well informed about nursing [and] think it’s the easy way out by going to school for two to three years. This is a fallacy. Students end up spending more money getting an AA degree rather than a BA. [Counselors] appeal to the financial aspects and focus on [the students’] need to contribute to the family income as quickly as possible.”

National Hispanic nursing leader
(Dower et al 2001)

more sophisticated areas of practice that nurses are truly able to increase their earning potential and take on additional roles and responsibilities.

As shown in Figure 7, the overwhelming majority of nursing program graduates are white non-Hispanic. Looking at the universe of nursing school graduates, minorities appear as equal proportions of ADN and BSN programs, with slightly better representation in ADN programs.

However, looking at Table 3, among those Latinos and Native Americans who do go to nursing schools, 60 percent of them obtain an ADN while only 40 percent earn a BSN.

This may be attributed to the fact that many minorities feel pressure to contribute to family incomes immediately upon graduation from high school. Thus, it is not surprising that they have

higher enrollment rates in community colleges since it appears to be a quicker route to a salaried position. For nurses pursuing an RN certification, community colleges offer ostensibly the same earning potential as the BSN, albeit with a shorter educational path. However, some nursing educators believe minorities pursuing the ADN are closing the door to long-term career success by stopping short of a bachelor’s degree, which would then enable them to enroll in master’s level programs.

Table 3		
ADN AND BSN GRADUATION BY ETHNICITY, 2000		
	ADN	BSN
White	49%	51%
Hispanic	60%	40%
African American	50%	50%
Asian	48%	52%
Native American	60%	40%
SOURCE: Karp, 2002.		

“We confuse students with this two-tiered entry system. They don’t always understand that the RN is a licensure, not a degree. Especially for economically disadvantaged students, they just want the RN to make money quickly, but they don’t see that there is a ceiling without a BSN degree.”

California Hispanic nursing leader
(Dower et al 2001)

One of the most critical differences between the ADN and BSN is the limited professional advancement of ADN holders.

Programs & Accelerated RN Degrees (AllNursingSchools.com, 2004)

One aspect of nursing education which has greatly mitigated the disparities between the ADN and BSN graduates are the alternative routes to earning nursing degrees which have evolved. Table 4 below summarizes these paths, demonstrating how students can quickly move along the rungs of nursing degrees shown in Figure 5. These alternative programs are particularly critical to moving Latino nursing students

along the nursing pipeline. Many of these programs are designed to allow students to work while in school or to allow students who chose lesser educational paths to fast-track to higher degrees.

These programs highlight the innovative ways nursing educators have sought to quickly respond to fluctuations in the health care market. It is also representative of how much of this response has been piece-meal as opposed to a wholesale standardized approach to training the workforce needed to meet the needs of the population.

Table 4

ALTERNATE ROUTES TO EARNING NURSING DEGREES

- ▶ **LVN-TO-RN:** Licensed practical nurses or licensed vocational nurses (LVN) attain a BSN degree in four academic semesters.
- ▶ **RN-TO-BSN:** RNs who have an ADN degree can attain a BSN degree. These programs are often available with a flexible schedule. Approximately 30 percent of BSN graduates annually come from RN-to-BSN programs.
- ▶ **SECOND DEGREE BSN:** A two-year program for non-nurses with bachelor's degrees in non-nursing fields who receive credit for having completed liberal arts requirements. The Accelerated Degree BSN is a variation of this degree and usually takes 12 months to complete.
- ▶ **RN TO MSN:** RNs with a health-related bachelor's degree other than nursing can obtain a BSN or MSN. Courses are tailored to the needs of the students so they receive as much advanced placement credit for their BSN as possible, with no overlap between BSN and MSN courses.
- ▶ **DIRECT ENTRY MSN:** Three-year programs for non-nurses with bachelor's degrees in non-nursing fields who complete an abbreviated schedule of undergraduate NCLEX-RN preparation with advanced training in a master's specialty area. There is also an Accelerated MSN which may be completed in two academic years, rather than three.
- ▶ **ONLINE PROGRAMS:** These allow students to earn an entry-level nursing degree and qualify for initial RN licensure online. Non-clinical coursework is done online. Classes and clinical requirements are arranged at medical facilities close to home. Online education programs also offer RN-to-BSN and MSN degrees which do not require additional clinical training.

Part 2

Increasing Minority Participation in the Nursing Profession



Out of a national work force of 2,696,540 registered nurses, only 333,368 or 13 percent are minority. More than 20,000 minority nurses are needed to increase their proportion by just 1 percent.

The reasons for bringing more minorities into nursing are many. In California, a state with one of the most severe projected shortages of nurses, Latinos are one of the fastest growing and largest represented minority groups. As of 2001 the majority of births in California, 50.2 percent of all babies born, were Latino. By the fall of 2014, it is projected that the majority of new high school students will be Latino (CESLA, 2003). Furthermore, minorities are seriously underrepresented in nursing—their numbers are far below their representation in the population as a whole.

Aside from the simple fact that the health care profession needs more nurses are studies that suggest minority participation in the health care professions will lead to improved access and quality of care for minority patients. This recognition has come with the universal acknowledgement of disparities in health care quality between minority and non-minority populations that cannot be explained by access-related factors, such as patients' insurance status and income (IOM, 2002). For their part, minority patients are not only more likely to seek out racially concordant health care providers but also to perceive greater trust (Doescher et al, 2000) and report greater satisfaction

and use of health care services with such providers (Saha et al, 1999).³ Latino health care providers are more likely to be Spanish-speaking and have a better understanding of Latino culture, thereby providing culturally and linguistically appropriate health care. In the case of Latinos, where nearly one in five Spanish-speaking U.S. residents delayed or refused needed care because of language barriers, increasing the number of Latino nurses will improve access. Finally, minorities are thought to be more likely to practice in underserved areas⁴ (Komaromy et al, 1996).

Out of a national workforce of 2,696,540 registered nurses, only 333,368 or 13 percent are minority (Spratley et al 2000). More than 20,000 minority nurses are needed to increase their proportion by just 1 percent (National Advisory Council on Nurse Education and Practice, 2000).

Minority Nursing School Enrollment Trends

Though minority enrollments have increased in recent years they are still not at the levels necessary to produce a workforce that is representative of the greater population. As Figure 8 demonstrates,

³ This tendency for Latinos and other minority groups to perceive racially concordant health care providers as more trustworthy can be traced to the historical context of immigration to the United States, with contextual roots strongly tied to the segregation-era activities that defined discriminatory themes in health care inequality. "Missing Persons: Minorities in the Health Professions," The Sullivan Commission on Diversity in the Healthcare Workforce, Washington D.C., 2004 (32).

⁴ It should be noted that these studies primarily focused on relationships between patients and minority physician providers. The author is assuming similar relational dynamics would hold true for patients and minority nurses.

The addition of increasing numbers of new minority graduates each year will need to continue over time to improve the overall diversity of the work force.

national nursing school enrollments of minorities in all BSN, ADN and accelerated programs are well below those of white non-Hispanics. As minority

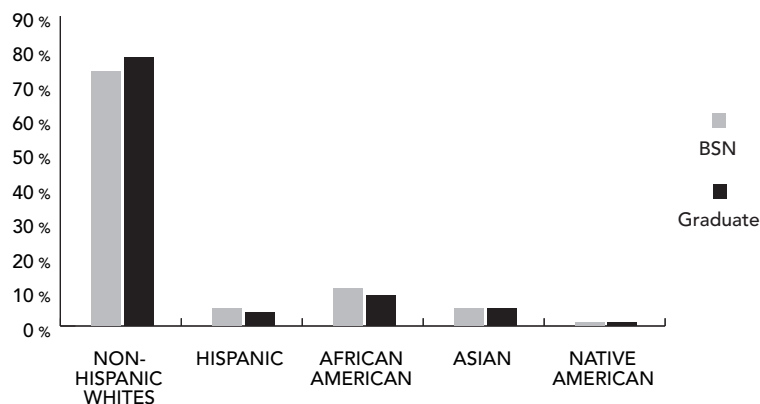
groups are growing overall and as a percentage of the population, it is increasingly important that nursing schools are attractive to minority students. As can

be seen in Figures 8 and 9, the situation is better in California where minorities have greater representation.

Though it is encouraging to see minorities better represented in nursing schools, as Figure 10 illustrates, this trend must be considered in view of their severe underrepresentation in the nursing workforce overall. The addition of increasing numbers of new minority graduates each year will need to continue over time to improve the overall diversity of the workforce.

Figure 8

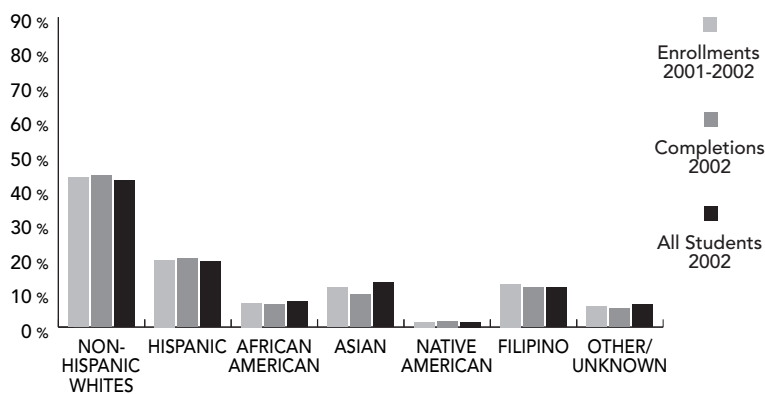
NATIONAL NURSING SCHOOL ENROLLMENTS
BY RACE AND ETHNICITY, 2000



SOURCE: Staiger et al 2002.

Figure 9

CALIFORNIA ENROLLMENTS, COMPLETIONS AND
ALL STUDENTS BY RACE AND ETHNICITY IN BSN,
ADN AND ACCELERATED PROGRAMS, 2001-2002



SOURCE: California Board of Registered Nursing 2003.

BARRIERS TO INCREASING MINORITY PARTICIPATION IN NURSING

In bringing more minorities into the nursing profession there are barriers that must be acknowledged and addressed. In addition to those identified by the literature, TRPI researchers spoke with Latino nursing students in California who described the challenges they faced along the way. This study found that these barriers fell under the follow-

ing categories: family-related barriers, financial barriers, pre-college educational barriers, lack of Latinos in nursing leadership, socio-cultural barriers, and higher education system barriers.

BARRIER I FAMILY-RELATED BARRIERS

► Poor Perception of Nursing in Home Countries

The nursing profession has made some progress at reversing a public image problem it has struggled with for decades—namely that nursing is often seen by Latinos as a low-skilled profession. Latino nursing students interviewed for this study reported being discouraged from being a nurse. Much of this stemmed from how nursing was perceived in their or their parents' home countries. Some students with first generation Mexican parents reported that nurses in Mexico have roles similar to the U.S. version of a CNA: taking orders from physicians and carrying out unskilled tasks, such as bathing patients and changing sheets.

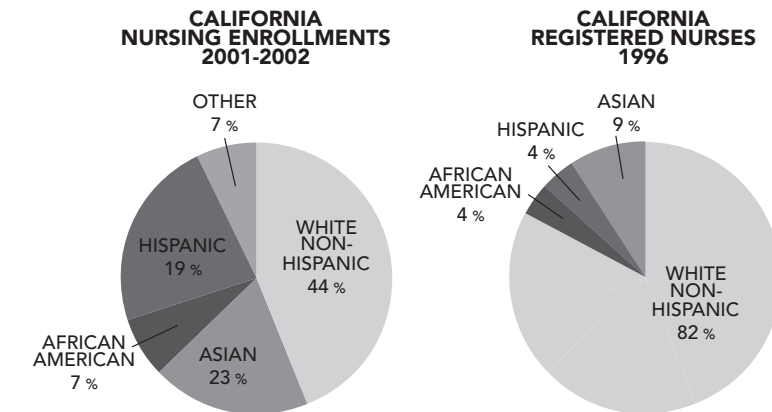
► Discouragement from Families

One casualty of nursing's struggle results from its public image, in that family and friends often steer potential students away from the profession. This study revealed that Latinos from Mexican, Central and South American ancestry discouraged their daughters from entering into nursing because of the poor reputation it had in their home countries. They were also cautioned against entering the profession by parents who used the U.S. stereotype of nurses being "overworked, burned out and unhappy."

One nursing school administrator explained her frustration on outreach trips to minority schools as follows:

Figure 10

DEMOGRAPHICS OF CALIFORNIA REGISTERED NURSING POPULATION COMPARED TO CALIFORNIA NURSING SCHOOL ENROLLMENTS



SOURCE: UCSF Center for the Health Professions, 2005.

"Junior high school boys would never consider nursing because it's [considered a woman's career]. [T]alking to the girls about nursing, one outspoken [parent interrupted me, saying] to the students "Don't listen, don't go into nursing, become a doctor." She thought I was offering something less to them as ethnic minorities because the stereotype is that nurses are handmaidens to doctors. But on the master's level, you have independent practitioners. And counselors have archaic stereotypes of nurses as...low paid [and] undereducated, and it is so false. [They were amazed] that nurses are getting paid into the six figures. And I was shocked that they are the ones advising these junior high school and high school students, and they are operating on such archaic data and stereotypes they are stymieing the recruitment of young kids coming into nursing."

► Lack of Family Support

The familial barriers faced by first-generation college students were compounded by limited emotional support. In families where individuals had not experienced the rigors of college, the empathy and support the student needed was lacking. One retention coordinator noted that some families did not understand the need to do school work outside of school. In instances where the students lived at

Latino nursing students were more inclined to delay additional schooling or face serious academic challenges, rather than seek out or accept financial aid.

home with parents, this often meant working at family businesses rather than doing coursework. In cases of married students, this had the potential to become a serious stress on the marriage.

A recent immigrant reported that her husband threatened to divorce her if she continued with nursing school. She commented that "it almost cost me my marriage. This was part of why the first semester was so hard for me. I did not have any support, I was working full time, it was too much." She had to be extremely persistent in order to advance her nursing career, making it clear to her husband that if pushed she was willing to "leave [him], but [she] would not leave school."

A nursing professor reported that she spent a substantial amount of her time counseling Latino students about negotiating the family stresses and obligations that prevented them from focusing on their academics. This included spouses who did not understand the time students devoted to their studies, which resulted in time away from the spouse and family. In nursing, "[lack of family support] is an obstacle. Family is first, always. You're not doing this for yourself, you're doing it for your family, and if [they are] not supportive it's a real struggle for the students [because] they're not always allowed the time they need to study and they feel guilty. We'll [talk] about ways to improve their success [and cope with the tears]."

Another nursing professor reported, "Some of the cultural expectations are old-school. [Students] are allowed to come to school, but are expected to clean, cook, care for the kids, and none of that can lag."

► Pressure to Attend Nursing School Locally

Due to the need to help support the family both financially and by caring for older and younger relatives, many Latino students are pressured to attend the local

community college. For low-income students, living at home and attending a local college may seem like the only financially feasible option. This pressure is exacerbated for students who are the first generation in college and whose parents do not understand the American system of higher education and financial aid. A recent TRPI report showed that many Latino parents did not understand the difference between a community college, a public four-year university and a private four-year university. In these instances, a student would be pressured to attend a local, public community college regardless of what other educational opportunities were available. With serious capacity constraints and funding limitations at many of California's community colleges, Latino students often linger on long waiting lists, including waiting lists to take nursing prerequisite classes before they can get on the waiting list for nursing programs. If they did not have the pressure to go to a local school they could seek four-year BSN or private ADN programs, which do not have the same capacity constraints.

BARRIER II **FINANCIAL BARRIERS**

► Need to Contribute to Family Income

The main barrier students reported was financial. Latino students were steered away from nursing due to the length and cost of the program. In families where the student contributed to the support of the family, the additional post-secondary schooling to pursue nursing created a financial burden on the family (Dower et al, 2001).

► Reluctance to Access Financial Aid

The financial challenges were complicated by the fact that many Latino students did not access or understand financial aid opportunities. They did not seem to understand that entry level registered nurses can make \$40,000-\$60,000 per year, which meant they

DEPARTMENT OF LABOR MEDIAN SALARY STATISTICS, 2002

TYPE OF NURSE	MEDIAN ANNUAL EARNINGS (2002)	EARNINGS HIGHEST 10% (<)	EARNINGS LOWEST 10% (>)
Registered Nurse	\$48,090	\$69,670	\$33,970
Medical Assistant	\$23,940	\$34,130	\$17,640
Physicians Assistant	\$64,670	\$90,350	\$35,410
Licensed Vocational Nurse	\$31,440	\$44,040	\$22,860
Nurse Practitioner	\$60,534	\$64,383	\$57,593
Public Health Nurse	\$45,150	\$56,488	\$40,667
Nurse Anesthetist	\$93,787	\$98,281	\$88,436

SOURCE: Department of Labor 2002

would be well-situated to repay student loans if they chose to accept them. Nor did they seem to know that bilingual nurses were always in high demand, thus ensuring a level of job availability and security. Latino nursing students were more inclined to delay additional schooling or face serious academic challenges, rather than seek out or accept financial aid.

One student emigrated from Mexico as an adolescent. His family decided that his older brother should be the one to go to college. After high school graduation, he and his single mother worked as janitors to pay in cash for his brother to attend UCLA without taking out loans. The student then enrolled in a private licensed vocational nursing (LVN) program, where he also paid cash. After 10 years he was able to pay for his private ADN degree in cash, and only decided to get the RN license with his hospital co-workers' encouragement. When asked why he didn't take out loans to pay for school, he said he and his family didn't like to take on debt.

A student worked at her family's janitorial business in the middle of the night and took a clinical class at 7 a.m. The instructor noticed she was too exhausted to complete her school work and be a safe nurse. She was asked to alter her shift, which she did, but not enough, and she dropped out of the class.

One Latino nurse attended a four-year private baccalaureate nursing program. Despite being an

"A" student, she was unable to get many government loans and financial aid packages because she worked to support her family while she was in high school. She continued to support her mother throughout nursing school. As a nurse, she now makes well over \$100,000 per year. However, while she was a nursing student she had to cut down on her working hours to finish her studies. This resulted in her mother being evicted from her apartment and the student forced to live out of her car and sleep on an ex-boyfriend's parents' couch for a semester.

► Putting Off Graduate Nursing Education in Favor of Work

The pressure to contribute to family income often prevents working nurses from advancing from the ADN to a higher degree. Many Latinos cannot afford to forgo their salaries to return to school for advance practice nursing education. As discussed in the earlier section on ADN versus BSN education, it is debatable whether the cost of advanced education means greater lifetime earning potential for BSN nurses. However, it is clear that when registered nurses go back to school to continue their nursing education they open themselves to a wider variety of professional opportunities. In the long run, this serves to decrease burnout, increase job satisfaction and increase their impact on the nursing profession as a whole.

Latino students often linger on long waiting lists, including waiting lists to take nursing prerequisite classes before they can get on the waiting list for nursing programs.

BARRIER III **PRE-COLLEGE** **EDUCATIONAL BARRIERS**

► Being the First in the Family to Attend College

In a recent study, 52 percent of Latino students surveyed reported they were the first person in their family to attend college.⁵ Many of the most significant barriers to increasing Latino participation in nursing stemmed from this fact alone. They did not have the resources within their family structure to guide them through the academic world of financial aid, homework and finals. This put them at a distinct disadvantage. At the same time, these were the students who had the greatest need for assistance and support. They often had poor academic preparation from high school; not only did they graduate with weak basic skills in the sciences, humanities and critical thinking, but they did not have a foundation of well-developed study skills. Many were trying to balance school and work. Some were single parents or cared for younger siblings or elderly relatives.

Reported one high school educator: "[Latino students] don't know what a three unit course is, [or] how many hours of studying a course requires. They don't understand [that it's preferable to] take 12 units and do really well...[in the] sciences [than taking] 15 units [and doing poorly]. Parents don't know anything about all this because most haven't even graduated from high school. Everybody's in the dark."

► Language Barriers

Language barriers were a particular problem for students from remote or rural areas with isolated first-generation communities, and for students whose families did not speak English at home. They tended to have problems reading technical science textbooks and writing.

An administrator at Bakersfield College said, "Sometimes they don't know what words mean...If they are bilingual, but at home only speak Spanish, they need...to get better at contextual innuendos, reading, vocabulary, looking up words they don't know. Some students take longer because they read [a passage], [translate] it to Spanish to understand its meaning, and then learn it in English. [That] takes time."

► Lack of Adequate High School Preparation

One concern was that minorities who were enthusiastic about entering the profession were not qualified. California's K-12 educational system is not adequately preparing students to enter nursing school, particularly in the areas of math and science. A statewide study found that only one in five Latino high school graduates had the requisites for college (Tornatzky, 2003; Lagerwey, 2003). Many Latino nursing students attended underperforming high schools. Nursing school faculty and retention personnel reported that many students entered with a reading ability below the 12th grade level, and lacked in math, science and study skill preparation.

One male nursing student who attended an inner city school in Los Angeles cited a lack of adequate high school preparation as playing a significant role in his educational struggle:

"I don't think that I was prepared enough to go to college from high school. I was a 'C' or 'D' student, [and] I feel...I was bumped through the process so I wouldn't be left behind. But then you pay the consequences, and school never clicked. I didn't know how to read or study. [M]y mom did not follow up at home about my grades...because [her] primary need was...to pay the rent and feed us...One, nursing was never ever offered or talked about at school. All I knew

⁵ Personal Communication, Jongho Lee, Tomás Rivera Policy Institute, University of Southern California, May 11, 2005.

about nursing was from my mom or what you see on these older TV-type shows. A lot of people don't know you don't have to work in a hospital to be a nurse. But I was not prepared at school whatsoever. Half of my friends, we cannot believe that we graduated. Within my experience, I felt that high school was a joke, because when I was in Mexico and I was in school, the teachers were on you. It was structured very differently...we never spoke back, you could never roll your eyes, it was very different. And when I came here, I learned that there was all this leeway. School was structured very different, I never felt challenged and the teachers never pushed me. I just thought if you behaved well and sat in the back of the classroom, no one [would] see or bother you."

► Low Expectations and Discouragement from Educators

Many students interviewed encountered educators with low expectations for minorities, and who attempted to track Latino students into non-professional jobs based on race, ethnicity and/or socio-economic status. Furthermore, many secondary school counselors lacked a full understanding of the nursing profession and the wide opportunities available to today's registered nurse. As a result, they often steered students away from nursing, sharing many of the biases against the profession that were found among less supportive family members.

One student stated: "I wasn't sure that I should be [a nurse] because everyone said nursing was too hard... they thought I should be a teacher."

Another Latino nurse, who was a professor with a graduate degree said: "I became a nurse and [pursued] my Ph.D....specifically because [my boss] said I wouldn't be able to do it."

Yet another student wanted to be a doctor. Her community college counselor cited statistics on how few Latino doctors there were in an effort to convince her of the unlikelihood of her completing a medical education, and to encourage her to pursue a lower skilled social service job. The student, who is currently pursuing a master's degree in nursing, was motivated to pursue a career in health care because of and despite this counselor and other naysayers.

BARRIER IV **LACK OF LATINOS IN LEADERSHIP ROLES**

► Lack of Role Models

Minorities, more so than non-minorities, lacked role models and mentors who encouraged them to pursue nursing. This meant that many minorities were not aware of the opportunities available to them.

According to the University of California, San Francisco (UCSF) Center for the Health Professions: "For African American and Latino students, role models and mentors are particularly important motivators to encourage them to pursue nursing or other health careers. Role models and mentors may encourage students to enter nursing because of the good salary, relative easy entry into the profession, and the stability of work." On the other hand, respondents noted that "if the only types of nurses a African American or Latino student has seen are less-than-BSN nurses, they may limit their own career aspirations based on these role models." (Dower et al, 2001)

Nowhere was this lack of leadership more apparent than in the classroom, specifically in master's level nursing education. In speaking with students, faculty and experts in the field, it was clear that without more Latinos in leadership roles, the ability of health care educators to influence and respond to the needs of potential nursing students would be limited. It would also mean that the Latino voice and perspective would be absent in discussions and policy debates on nursing education, curriculum and funding.

That nursing leadership at the education and policy level is predominantly female and white also affects the field and its sensitivity to the needs of minority students. Institutionally, there are very few Latino nursing faculty, even in nursing programs where the students are more than 80 percent Latino. One of the factors for success and retention in a nursing program is that students feel comfortable approaching faculty with questions or problems. Following this, Latino students at nursing schools with Latino faculty reported seeing their faculty members as role models.

BARRIER V

SOCIO-CULTURAL BARRIERS

► Feeling Out of Place on a College Campus

Socio-cultural factors need to be taken into consideration when looking at the deficiency of Latinos in higher education. According to Dower, "[Latino students] often struggle with low self-esteem, low confidence, and having few experiences of academic or occupational success from which to draw a positive attitude about their studies...One of the most potent comments concerned the psychological dilemmas involved in obtaining unsubsidized work in a neighborhood where there are few skilled workers and many examples of persons living with the help of public assistance. For many trainees in this program, attending classes on a college campus or taking work in a wealthy area of their own city was the psychological equivalent of moving to Mars. They had few experiences to support the notion that they could be capable workers, integrate into a classroom or work setting, or interact with people not from their own neighborhoods." (Dower 2001).

These feelings of alienation were exacerbated for students on campuses with lower levels of diversity among the student population, staff and faculty. Given the low levels of Latinos with graduate level nursing degrees and in nursing schools in general, many Latino nursing students felt they were an even greater minority on campus or in their nursing program than they were in their own community.

► Male Aversion to Nursing

In 1998, Latino male nurses accounted for 0.7 percent of all associate degrees awarded by California colleges and universities, and 0.2 percent of all bachelor's degrees.⁶ Minority males in the nursing profession showed similar trends as minority females in that they were less likely to receive degrees in nursing than their White counterparts. They were also less likely

to receive degrees in other health and science fields, which contributed to the disproportionate underrepresentation of both male and female Latinos.

One of the key issues was the gap in educational attainment at all levels of Latino versus non-Latino Whites across both genders. According to the 1999 U.S. Census Bureau's Current Population Survey, only 54 percent of Latino men obtained a high school diploma, compared to 93 percent of white non-Hispanic men. Although graduation rates have increased in recent years, African Americans, Latinos and Native Americans have much higher dropout rates than white non-Hispanics and Asians. Furthermore, of the 25 percent of Latino men who entered college, only 11 percent graduated with a college degree. In contrast, White males entered college at a rate of 67 percent, and 48 percent graduated with a college degree.

Social factors also played a significant role; perceptions that tended to classify nursing as a primarily female occupation made it difficult and to some degree unorthodox for a male to pursue nursing as a viable career alternative.

Still, inroads have been made in bringing more men into nursing. One Latino student said that once his family and friends heard what a good job it was and how well it paid, they were not bothered by the fact that it was dominated by females. At the same time, gender differences continued to present themselves. This particular student, for example, said he preferred to work the nighttime emergency room shift, where he felt his presence as a male was particularly beneficial due to the sometimes questionable nature of late night ER populations.

On the other hand, another student, working on his graduate degree in nursing administration at California State University, Fullerton said he felt a bias against him as a direct result of being a male nurse—a "minority within a minority." The student attributed this to the fact that the profession was dominated by females, and consequently was less welcoming to male students.

⁶ Coffman, Janet M., et al. "Racial/ Ethnic Disparities in Nursing." *Health Affairs*. (May/June 2001): 267. N.B. Overall, men represented 5.4% of all license RNs in 2004. (National Sample Survey of Registered Nurses 2004, Division of Nursing, Bureau of the Health Professions, Health Resources and Services Administration. <ftp://ftp.hrsa.gov/bhpr/nursing/rnpopulation/theregisterednursepopulation.pdf> downloaded March 31, 2007.)

BARRIER VI

SYSTEM BARRIERS: HIGHER EDUCATION

► **Community College Dropout Rates: Access versus Success**

Community colleges have higher than average dropout rates. For California community college nursing programs, the attrition rate was 20 percent with some programs as high as 50 percent.⁷ According to the University of California, Los Angeles (UCLA), nearly 25 percent of nursing students in Los Angeles community colleges dropped out of their programs in 2003 and 2004 at a dropout rate that was more than 35 percent higher than the overall state average.⁸

A contributor to this problem is that, unlike the state university system, many community colleges are prohibited from using merit-based student admission criteria. In accordance with their mission, they must admit all students who are "willing and able" and cannot use any prioritization based on academic performance or other criteria to select from the pool of applicants. Admission requirements therefore create a kind of screening device, which generally means potential university students tend to be academically better prepared. They have had more college-prep classes in high school to start, while community college students tend to initially have lower basic academic skills and may have difficulty completing the necessary coursework.⁹

Adding to the attrition problem was the lack of clarity and transparency regarding nursing program curricula and career paths. Although community college nursing programs are generally billed as two-year commitments, course sequencing and curriculum structures make it virtually impossible to finish the required work in less than three years, often taking

more than four years. Students who think they are saving time by attending community college may end up in school as long as or longer than if they attended a BSN program. Those who are unable to accurately gauge the extent of the commitment they are about to undertake may suffer a resulting frustration at their inability to complete the program within a two-year period.

Compounding the problem is that many students work full-time in addition to attending nursing school. In fact, one of the most frequently cited reasons for nursing program attrition was that students often were unable to effectively concentrate on their studies while supporting themselves or their families.¹⁰

► **Articulation Gaps in College Nursing Programs and Curricula**

Closely tied to the issue of Latino under-representation in the health care profession and in nursing was that of articulation discrepancies. Articulation is defined as "the intentional planning and coordination of nursing education among programs so that a program at one level serves as the foundation for the next educational level."¹¹ Articulation generally is facilitated by coordinating related degree programs at all levels of education.¹² This is particularly important in nursing education, which is characterized by several different degree levels and an array of options to get to each one. This lack of a standardized curricula for the various degrees prevented students from advancing. Overall, it appeared as if many Latino nurses entered the profession at the lower rungs and ended up in situations where they were unable to advance beyond CNA or LVN status. The disproportionately high representation of Latinos and minorities in the allied and secondary health care professions, such as nurse's aides, EMTs and medical assistants, was a manifestation of the articulation problem.¹³

⁷ Jean Ann Seago and Joanne Spetz, "Admission Policies and Attrition Rates in California Community College Nursing Programs," San Francisco, CA: California Policy Research Center and the California Postsecondary Education Commission (11).

⁸ The Daily Bruin. (April 19, 2005). News Briefs: "Nursing Students on the Decline."

⁹ Ibid.

¹⁰ Jean Ann Seago and Joanne Spetz, "Admission Policies and Attrition Rates in California Community College Nursing Programs," San Francisco, CA: California Policy Research Center and the California Postsecondary Education Commission (11).

¹¹ MNSCU Statewide Nursing Articulation Agreement MN Transfer.org, Sponsored by Minnesota State Colleges and Universities for Minnesota Higher Education Institutions, <http://www.mntransfer.org/Councils/NursingAC.html>, accessed December 12, 2005.

¹² Mary F. Rapson, "Statewide Nursing Articulation Model Design: Politics or Academics?" *Journal of Nursing Education*, (39)7, 1-8.

¹³ Catherine Dower et al., "Diversifying the Nursing Workforce: A California Imperative." San Francisco, CA: California Workforce Initiative at the UCSF Center for the Health Professions, February 2001.

California overall spends 23 percent less per community college student than the rest of the country as a whole.

Admittedly, attempts have been made by community colleges and universities to ease the transition between degree programs. For example, there are instances of certain nursing programs offering alternatives, such as online prerequisite courses, to aid those without the appropriate academic background. However, there is still a lack of uniformity statewide in terms of standardized curricula, access and mobility. These problems are particularly bad for LVNs educated at vocational schools. Most of the community college LVN programs articulate at least with their own RN programs, but the vocational programs almost never do.

Other barriers stemmed from repetitive content across the board in terms of varying college and university curricula, as well as an under-emphasis on prior clinical and educational experience. Yet, a study by Nichols et al. in 2000 showed evidence of little or no variation in academic achievement levels of licensed LVN or RNs when enrolled in continuing BSN programs.¹⁴ The study concluded that improvement of the advising process prior to enrollment, modification of the educational framework to account for prior skill sets, and integration of more uniform mobility methods and practices were key elements for advancing articulation.

There are a number of political issues at stake as well, which have made the process of fostering articulation more difficult. The process is beset by disagreements regarding the proper way in which to create more uniformly structured nursing curricula, which provide proper access and greater ease in transferring course credits, while at the same time maintaining the qualitative integrity and unique focuses of each educational institution.

► Under-Funded/Overcrowded Community College System

As cited earlier, the vast majority of nursing programs in California are based out of public community colleges; almost two-thirds of California nurses are educated in community colleges¹⁵ with Latinos disproportionately pursuing ADN degrees. Most of these schools are suffering cutbacks because of cuts to the state budget. These cutbacks have meant limited resources to hire faculty and find space for increasing numbers of nursing students.

Thus, when community college nursing programs have more students than they can admit in a given year they often create wait lists or lottery systems, which means that students may not get into a nursing program for years. Those who linger on wait lists will often opt out of nursing and chose another field. Those who are on wait lists to take their nursing program prerequisites may take five or six years to finish a community college program. In that same time, they could have earned a BSN degree at a four-year university and had greater earning power and career potential.

With regard to funding, California overall spends 23 percent less per community college student than the rest of the country as a whole. The community college system accounts for 74 percent of California's public university enrollment, yet trends over the last 20 years indicate that the system has not been as well funded as the University of California (UC), California State University (CSU), and K-12 school systems. Revenue per full-time-equivalent student in the community college system increased only 4 percent between 1971 and 2000, in comparison with a real increase of 23 percent

¹⁴ E.F. Nichols, C.B. Lenburg, J.K. Soehnlen, "A Collaborative Articulation Mobility Project Using Escrow and Transition Course Methods," *Nursing and Health Care Perspectives*, 2(4), 2000. 188. Nichols' study regarding collaborative articulation mobility, which was published in *Nursing and Health Care Perspectives*, found that collaborative continuing career models in Colorado, Iowa and Maryland were effective in placing LPN and RNs in baccalaureate programs. The model employed in the study involved a uniform transition course for LPNs, granting them advanced placement in diploma or ASD programs, and bypass credit for RNs wishing to enroll in baccalaureate programs. This provided educational access as well as career advancement options for LVNs and RNs, while saving them an average of two to four academic semesters and approximately half the expense of traditional programs. Students were able to carry on the responsibilities of their current lives and careers and concurrently pursue professional development similar to those of BSN nurses, with few statistically significant differences in clinical or academic capability.

¹⁵ The Daily Bruin. (April 19, 2005). News Briefs: "Nursing Students on the Decline."

The California Community College system serves more than 1.6 million residents and accounts for a disproportionately large share of the African American, Native American, Latino and low-income students in the entire California public educational system. Latino students alone account for 27 percent of enrollment in the community college system, with 82 percent of California's Latinos enrolled in institutions of higher learning attending community colleges.

in the UC system and 24 percent in the CSU schools (Murphy, 2004). On the whole, funding for community colleges has grown only slightly faster than the rate of inflation for the past 20 years. The state legislature's low prioritization of the system is evidenced by this, as well as the fact that it is consistently funded below recommended statute levels.

Another source of the disparity in community college funding is Proposition 98. Passed in 1988, it divides allocated public education funding between community colleges and the K-12 system. However, the provision of Proposition 98 that requires a minimum share of the funds for community colleges has been suspended on an annual basis since 1992. As a result, the K-12 system has received these additional resources (Murphy, 2004).

California's community college tuitions are the lowest in the United States, with students paying only 5 percent of their overall education costs in 2004.¹⁶

The rationale behind the low tuition rates has been in large part based on the mission statement of California's community colleges, which aims to extend access to all students. Analysts have cited this as a main impediment to increasing the system's revenues, in that in many instances community college tuition represents less than half of those in other states.

Additionally, community colleges receive money per student per course unit. The school receives as much money for an English student in a 200-person lecture course as for a nursing student in a 30-person class. Because nursing education has low student-faculty ratios and high expenses for labs and clinical training, the schools spend significantly more money on them compared with other programs. The result is that when community college budgets are tight, nursing is an obvious thing to drop. Even when budgets are flush, it is difficult to argue for expanding a program to include 15 more nursing students when 75 other students can be educated for the same money.

¹⁶ Public Policy Institute of California, "Press Release: California Community Colleges Shortchanged," San Francisco, 14 January 2004. <http://www.ppic.org/main/pressrelease.asp?i=468>.

HOSPITAL Part 3.

Benchmarking Nursing Programs in California to Identify Exemplary Case Sites

Informed by the results of the prior policy analysis and documentation of educational barriers, a quantitative benchmarking analysis was conducted to compare each of the 100 nursing schools against each other in order to identify a small sample of 12-15 programs for more detailed analysis. The initial focus was on nursing programs in geographical areas with high densities of Latinos. As discussed in Section II, barriers to Latinos entering the nursing profession occurred all along the educational path, from the high rate of Latino high school dropouts to their underrepresentation among nursing faculty and in leadership roles. Thus, the pool of potential Latino nursing students was highly heterogeneous. The type of nursing programs that best addressed the barriers to increasing Latino participation in the nursing workforce, therefore, should represent the needs of this varied demographic. Accordingly, additional emphasis was placed on programs representing a diversity of educational paths and geographical areas across the state of California.

Benchmarking Analysis

The benchmarking analysis was broken down into three components:

- 1 Statistical Analysis
- 2 Reputational Analysis
- 3 Market Analysis

1► STATISTICAL BENCHMARKING

Using publicly accessible data, TRPI researchers sought to quantitatively classify the size of the nursing program, the demographics of the city in which it was located, the representation of Latinos among

nursing school graduates, and the passage rates of recent graduates taking the NCLEX-RN for the first time. This was used to create a statistical picture of nursing programs in California. Quantitative analysis alone cannot be used to identify exemplary programs, however. For example, a nursing program with a high number of Latino graduates may not necessarily have any best practices that attract or retain those students, the numbers could be a result of the program being geographically located in an area with a large Latino population. Likewise, nursing programs with smaller numbers of Latino graduates and with reputations for valuing diversity may have instituted practices that address barriers to Latino educational advancement. As such, the statistical benchmarking served to inform the identification of exemplary programs only through a triangulation with the reputational and case study analyses. (See Appendices I-IV for full detailed results of statistical benchmarking).

Variables considered in statistical benchmarking included:

- Percentage of Latino population in the city where the school was located
- Percentage of Latinos in the school where the nursing program was located
- Number of Latino nursing graduates
- Percentage of nursing graduates who were Latino
- Size of nursing program
- Type of nursing degrees offered
- NCLEX-RN passage rates

2► REPUTATIONAL ANALYSIS

A snowball sampling was conducted of experts among stakeholders related to the nursing field. Among others, experts in nursing research, the health care industry, academia and employers were interviewed to discern which schools had a reputation for exemplary programs and practices. Such a reputation demonstrated a long-term commitment to diversity that was significant enough to warrant the notice of outside groups (See Appendix VI).

3► MARKET RESEARCH

A systematic review of foundation and private partnerships was conducted to identify nursing programs that accessed outside funding for diversity initiatives. Success in accessing money indicated a commitment to creating capacity and investing in the necessary resources, programs and/or staff to facilitate minority recruitment and/or retention.

Case Study Sample

Following the benchmarking analysis, the team identified a small sample of programs for more detailed case study analysis. This selection of exemplary programs relied extensively on the quantitative and reputational performance metrics, but was cross-validated by input from our Project Advisory Committee (See Appendix V) and other external experts (See Appendix VI). Fourteen candidate sites were identified, with attempts to gain geographical diversity across the sample.

Based upon the initial benchmarking analysis, the following schools were selected as potential sites for best practice case studies. Nursing school deans and other representatives of these preliminary candidates were questioned about programs and practices that focused on recruitment, financial aid and retention.

Southern California Schools

- 1 **East Los Angeles Community College**
public community college (ADN)
- 2 **Imperial Valley Community College**
Imperial County, public community college (ADN)
- 3 **Rio Hondo Community College**
public community college (ADN)
- 4 **Mount Saint Mary's Community College**
private community college (ADN)
- 5 **Mount Saint Mary's**
private four-year college (BSN)
- 6 **California State University, Dominguez Hills**, four-year public, online program (BS/BSN, ADN, Accelerated BSN/ MSN)
- 7 **California State University, Fullerton**
four-year public, online program (BS/BSN, RN-BSN)
- 8 **California State University, Long Beach**
four-year public (BS/BSN, RN-BSN, MSN, RN-MSN, RNP)
- 9 **California State University, Los Angeles**
four-year public (BS/BSN, RN-BSN, MSN, RN-MSN, RNP)

Central California Schools

- 1 **Bakersfield College**
public community college (ADN)
- 2 **Fresno City College**
public community college (ADN)
- 3 **California State University, Fresno**
four-year public (BS/BSN, MSN, RNP)

Northern California Schools

- 1 **San Francisco State University**
four-year public college (BS/BSN, MSN)
- 2 **San Jose State University**
four-year public college (BS/BSN, MSN)

Best Practice Schools

From the case study sample of fourteen programs, seven exemplary sites were selected for closer best practice profile analysis according to the following criteria:

- ▶ Schools were chosen across the three major geographic regions in California: Northern, Southern and Central California.
- ▶ Schools were chosen representing a diversity of academic offerings including: entry level associate degree of nursing, to RN to BSN, entry level BSN, online BSN and MSN, MSN and PhD in nursing.
- ▶ Schools were selected who graduated a minimum number of Latino graduates over a period of time.¹⁷
- ▶ Selected schools often had a reputation among key stakeholders for valuing diversity and serving the community.
- ▶ Schools were chosen which display unique policies and practices addressing identified barriers to Latinos in participating in the nursing workforce

Extensive on-site interviews of program leaders and administrators, instructional staff in classroom and clinical settings, outreach to high schools, and post-placement “customers” of the program were conducted. In addition, student interviews provided information about what barriers they face as they climb the nursing ladder.

The schools chosen for best practices case studies included:

- 1 **Bakersfield College**, Central Valley
public community college
- 2 **California State University, Dominguez Hills**
Southern CA
four-year public, on-line program

- 3 **California State University, Fullerton**
Southern CA
four-year public, on-line program
- 4 **California State University, Long Beach**
Southern CA
four-year public
- 5 **Mount Saint Mary's**, Southern CA
private community college and
four-year college
- 6 **San Francisco State University**, Northern CA
public four-year college
- 7 **San Jose State University**, Northern CA
public four-year college

The guiding spirit in selecting exemplary schools was to select programs and practices that address the barriers identified in the earlier policy analysis. One of the main lessons learned from this analysis is that there is not one stereotypical Latino nursing student. The pool of potential Latino nursing students is as diverse and heterogeneous as the Latino population itself. This pool represents immigrants themselves, those who are the first generation in their family to go to college as well as those who have been in the United States for several generations. Some come from poor underserved urban areas, others from remote agricultural regions. Some are young and straight out of high school others are seasoned nurses. The barriers they face along the pipeline are accordingly varied. At the same time, their Latino heritage means these students share similar cultural and often linguistic backgrounds which makes the participation of each one of them in the nursing workforce equally vital.

As such, it was key that the schools selected spoke to barriers identified all along the nursing pipeline. For example, given the high rates of high school dropout among Latino high school students, we could have selected nursing programs with low barriers to entry such as public community college nursing programs. However, this would not address the lack of Latinos in nursing education and nursing leadership roles. This is a barrier which not only deprives many young Latino students of role models but also deprives the nursing profession itself of a valuable and necessary voice in the policy discussions that shape the field as a whole.

¹⁷ While there was no set threshold for the number of Latino graduates which would qualify a school, schools with few to none Latino student graduates were not considered for inclusion. At the same time, many of the schools with the highest numbers of Latino graduates were likewise not included for inclusion as they did not meet the other necessary qualifying criteria.

Qualities of Exemplary Programs

In addition to the best practices found at the exemplary nursing programs chosen for case studies, these schools also proved to have common qualities which served as a framework around which these practices evolved.

MISSION DRIVEN

Many of the schools considered their mission statements to be more than just words on paper, but as living, breathing directives to serve the community and to value diversity. Driven by such statements, they implemented programs, practices and policies that enabled them to provide a nursing education to the community and thus fulfill their mission of service.

REPUTATION EARNED THROUGH DEDICATION TO THE MISSION

One positive result of a school's dedication to its mission was the reputation it established among prospective faculty, staff and students. Many minority students and faculty reported being drawn to these schools because they shared their values of offering a good nursing education and were supportive of minorities.

SUPPORTIVE CAMPUS CLIMATE

The climate of the larger campus in which many of these schools were embedded supported their commitment to diversity. Commonalities among these campuses included high levels of diversity among the student body, a campus mission and administration that supported and celebrated diversity, a commitment to student-focused learning environments, and a management style that was loose enough to foster initiative and supportive enough to provide the resources needed to follow through.

UNDERSTANDING THE STUDENT POPULATION AND FOCUSING ON STUDENT NEEDS

Some of the schools focused on understanding the demographics of their student population and meeting the needs specific to the population, whether they were older, more experienced nurses, or younger, first-time nurses in rural settings.

PARTNERSHIPS AND COLLABORATIONS

In times of faculty shortages, capacity constraints and budget cuts these schools had innovative collaborations and partnerships with both educational institutions and private groups. Some financial partnerships added faculty and clinical spaces through both monetary and in-kind gifts. Others added scholarships and tuition remissions. Collaborations often resulted in the creation of new nursing programs entirely, bringing nursing to students who would otherwise not have access to a nursing education. Interviewees noted that these types of collaborations across heavily bureaucratic public universities and colleges required a high degree of cooperation and a willingness to pool resources and "grow your own" in a time of grave nursing faculty shortages.

LEADERSHIP

Strong leadership was the guiding force for conceiving and implementing innovative program ideas. A strong vision combined with a reputation that engendered trust enabled the development of dynamic relationships among key stakeholders. These stakeholders worked effectively with administration, faculty and staff, giving them space for innovative thinking while providing the necessary support.

NURSING DEPARTMENT STRUCTURE THAT SUPPORTED MINORITY STUDENTS

Many of the nursing programs had supports for minority students embedded in the structure of their departments. In some cases these were staff or faculty positions, in others they were study abroad programs or were a curricula focus. Institutionalizing these practices made them sustainable over time, allowing them to progress and evolve, and ensuring their availability to new generations of minority students.

BEST PRACTICE I IMPROVING AN UNDERSTANDING OF NURSING AMONG LATINOS

Despite nursing's public relations campaigns, there persists within the Latino community a lack of understanding of nursing education and higher education in general. As such, several of the nursing programs profiled found effective ways to counter misconceptions and information gaps.

► The Latino Healthcare Professionals Project

California State University, Long Beach was home to the Latino Healthcare Professionals Project, a privately funded initiative to provide management training to first-generation, educated, Latino bilingual and bicultural upper division university students planning careers in health care. The program consisted of a scholarship and mentoring program, and was based out of the university's Health Care Administration Program.¹⁸

► Developing Ties to Local High Schools to Facilitate Outreach and Promote Nursing

► SAN JOSE STATE UNIVERSITY

► CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

San Jose State University's (SJSU) nursing department has longstanding institutional ties to local high schools where it does recruitment and outreach. It has a particularly strong connection to Andrew Hill High School in San Jose, which has a medical academy, is largely Latino and includes a significant number of first generation immigrants. SJSU hosts a day for the Andrew Hill students to visit and learn about health career majors, including nursing. SJSU also sends Latino nursing students to Andrew Hill to serve as mentors. The SJSU-Andrew Hill relationship is coordinated by

the university's retention-recruitment coordinator and the head of Andrew Hill's medical academy.

Dominguez Hills also has a strong relationship with the high schools in its surrounding area. It is located near high minority populated communities and does outreach to students at local high schools who are about to enter into a nursing program. These activities are funded by outside grants obtained by individual professors.

► Bringing Nursing Programs to Minority Communities through Satellite Campuses and Distance Learning

► CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

► CALIFORNIA STATE UNIVERSITY, LONG BEACH

► SAN FRANCISCO STATE UNIVERSITY

► BAKERSFIELD COLLEGE

One barrier identified earlier was the pressure many nursing students felt from their families to attend nursing school locally. This often limited students to nursing programs that were heavily impacted or, if there was no program in their area, to careers outside of nursing. This was also true of satellite campuses located in small community colleges with high numbers of Latino students but no capacity to host their own ADN program. Students enrolled in these programs said they would not have attended nursing school or have been as successful with their coursework if they had to travel far from their local community. In some cases, the students did not look outside of their area for nursing programs.

California State University at Fullerton and Dominguez Hills were identified by Latino nurses as programs that facilitated articulation through online programs that brought nursing to working students as well as to students who lived in areas that lacked nursing programs and did not wish to or were unable to travel to attend school.

¹⁸ Rios-Ellis B, Frates J. "The Latino Healthcare Professionals Project: Responding to the Diverse Needs of the 21st Century." J Health Adm. Educ. 2005 Spring; 22(2):171-87.

In partnership with private health industry and outside educators, the nursing program at San Francisco State University (SFSU) established a satellite BSN program at Cañada College, a primarily Latino community college 20 miles to the south. This partnership was designed to increase the capacity of SFSU's nursing program. However, given the location of Cañada College, the partnership also increased the participation of Latinos in nursing in the Bay Area.

The creation of this satellite campus was facilitated through a pre-existing University Center at Cañada College. Created in 2001, the center administers four-year college degree programs, workplace certifications and graduate-level programs offered through partnerships with San Francisco Bay Area universities. These programs are designed to address the needs of those who wish to advance or redirect their nursing careers, but juggle full-time jobs and the responsibilities of a family.

Bakersfield College is located in Kern County, in Central California. The county itself has many rural, agricultural regions. As discussed earlier, these areas of California have some of the lowest nurse-to-patient ratios in the country. Kern County is no exception, with 414 nurses per 100,000 population as opposed to the statewide average of 582¹⁹ and the national average of 782.²⁰

The college found a unique and creative way to address the nursing shortage by collaborating with outside partners to create extensions of its nursing programs in smaller community colleges in Porterville, Delano, Lemoore, Redwood City and, most recently, Ridgecrest. It offered its traditional associate degree nursing programs through a distance learning program to three of these colleges located in areas that would not otherwise be able to train registered nurses. All three campuses are in rural communities with growing Latino populations.

The nursing program at Bakersfield College is part of a Central Valley Consortium of nursing programs sponsored by a \$10 million grant from The California Endowment to increase the diversity of the nursing workforce in the Central Valley. Additionally, it accessed other outside funds which allowed it to quadruple the funds received from the California Endowment. Despite the fact that this expansion largely increased the workload for the faculty and did not bring any net additional funding to the school, the school was driven by a commitment to meet the needs of the surrounding community by bringing additional nurses to the area.

Bakersfield College's success cannot be solely attributed to financial and administrative support; student understanding of the community's spirit also played an important role. Cindy Collier, chairman of the Bakersfield College Nursing Department recognized that Central Valley nursing students were driven to the nursing profession by a desire to care for the health and welfare of their neighbors.

"Seventy-five percent of Bakersfield College students report that they have to work...so when you add an hour and a half commute to their heavy demands, they tend to not do well in school...We had to come up with a way to bring education to [the students]. Because...while rural hospitals are struggling for nurses, you're not going to get nurses who want to move from Los Angeles or Sacramento to the small communities. So we had to grow our own. We...embraced the idea of what we as a community can do...[The idea for satellite campuses came] from hearing that for many students [a big part of] the problem was access. We realized about 95 percent of Bakersfield College graduates stay in Bakersfield, and the same at Delano. That's...their community, so they will give back...If you grow your own they stay here. These are community people. Their roots are here. You have to have that common mission and goal, and then everybody has to understand that we have to share. We have to collaborate together."

¹⁹ Personal Communication, Wendy Dyer, University of California at San Francisco, Center for the Health Professions, May 4, 2005.

²⁰ Personal Communication, Division of Nursing, Bureau of Health Professions, Health Resources and Services Administration, May 11, 2005.

BEST PRACTICE II NURSING EDUCATION TAILORED TO WORKING STUDENTS

► Night and Weekend Program Focused on Working Students

► MOUNT ST. MARY'S

Mount St. Mary's fulfilled its mission of service to the community by drawing primarily on students from the surrounding area. Many of these students were low-income minorities from underperforming high schools and who worked to contribute to the family income. With the goal of bringing nursing education to those who might not otherwise be able to go to nursing school, the ADN program on the Doheny campus was founded as a night and weekend program. It was a tremendous challenge for teachers, administrators and students alike to run a nursing program on this alternative schedule. It meant that in many cases classes ran long hours on shortened semesters and with limited time slots for clinical placements. It was an ongoing challenge for working students to meet the rigorous academic requirements of the curriculum. Despite these obstacles, the school maintained its commitment to providing accessible nursing education to local working students.

► Accessing Outside Funding to Offset Student Expenses

► CALIFORNIA STATE UNIVERSITY, LONG BEACH

The nursing program at California State University, Long Beach partnered with the local Long Beach Medical Center and Veterans Administration facility to access in-kind and monetary gifts that expanded capacity by funding the expansion of its traditional BSN program, and creating an accelerated BSN program. It also provided full tuition remission for its BSN students, as well as a stipend for living expenses. Both helped Latino students overcome the barrier of needing to work while in school to cover both tuition and additional expenditures. The medical center also offered nursing students forgivable loans if they made a commitment to work for the health center for two years upon graduation from nursing school. The idea,

like that evidenced by Bakersfield College, was that "home grown" nurses would stay in the area and in the long run, offset the need for foreign nurses.

► Nursing Curriculum That is Congruent with the Life of a Working Nurse

► CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

The online nursing program at California State University, Dominguez Hills was geared toward the working registered nurse. Therefore, the fact that students would likely be learning on the job and incorporating schoolwork into the workplace was incorporated into the structure of the curriculum and classroom assignments. Much of the clinical work was also tailored to working students. Many students arranged for their own clinical site, often where they already worked, and their own proctor (someone they already worked with). One key student project was to implement a positive change at the work site. This was a win-win situation for the student. They got credit from their school for the project and acknowledgement from their employer for doing something above and beyond what was required.

According to the chair of the nursing department, "they have a clinical component for Leadership and Management, where they have to identify a problem in their work setting, and they have to institute and implement a change project. The nurses like the applicability of what they are doing and studying, and focusing on what they are doing at work and applying it there. It makes the learning...more meaningful because they are dealing with a real situation."

According to the coordinator of the BSN program, "[Different ways of teaching include] the idea of offering classes on an every two weeks schedule rather than every single week and offering them in an extended time period, [and] developing a curriculum that doesn't require so much seat time. In other words, faculty structure...more learning activities that the student[s] can do on their own rather than sit in a classroom for so many hours. (It) fits the need for a lot of students. Our students are all RNs so most of them are working full time. One of the other good

experiences with this program is they find that they can implement what they are learning immediately... they learn something in class that day and they can go the next day to work and try that out."

► Flexible Curriculum Enabling Working Nurses to Progress Along the Educational Path

► CALIFORNIA STATE UNIVERSITY, FULLERTON

► CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

California State University, Fullerton had innovative collaborations with several private industry partners to provide distance learning to working RNs who were pursuing graduate nursing education, with many of the classes provided at the work site. Employing a combination of online coursework and lectures via teleconferencing, Fullerton tailored its program to students who could not access a campus-based program. Even in the onsite classes, a great deal of the work was done online, minimizing the need to come to campus.

Eight of the distance learning satellite sites were located at Kaiser Permanente sites as far north as Sacramento and as far south as San Diego, and were offered for lower level Kaiser and other health workers who wanted to transition into registered nursing positions. In addition, Fullerton offered other work-based and school-based distance learning nursing programs at the Children's Hospital of Los Angeles, Riverside Community College, Anaheim Memorial Hospital, Saint Joseph's Hospital in Orange, the University of California-Irvine Medical Center, and Mission Hospital in Mission Viejo.²¹ Some students who lived in Riverside and Los Angeles were enrolled in distance learning at Fullerton to cut down on the commute. Students reported that they would not otherwise get the BSN if it were not online.

The school offered both an RN to BSN program as well as several MSN programs. This made graduate level nursing available to people who would not

otherwise be able to make school fit into their lifestyle or work schedule. Most of the students in the Fullerton program were returning to school as older students, with an average age in the mid-thirties and oftentimes family and work commitments. Teleconferencing was done once a week, generally near the students' homes. A full professor from Fullerton gave the teleconference lecture, with a junior faculty member at each satellite site facilitating questions and discussions, and reviewing essays and tests. Seventy percent of BSN students went on to get MSN degrees.

California State University, Dominguez Hills had RN to BSN and MSN programs offered entirely online. The school had a reputation among Latino nurses as an ideal school for earning a graduate degree without seriously disrupting careers and lifestyles. The heart of the program was its flexibility. Students worked at their own pace and did not have to be at one location at a specific time to complete a given course. If a student needed to drop a course, it could be picked up and continued it at any time. The program could be completed in as much time as was necessary. Most participated on a part-time basis and completed it in five years. They took up to six months to complete a course but paced their studies according to individual needs. There was high articulation between the BSN and MSN programs. According to those interviewed, the students were already accustomed to taking online courses and working while in school, thus many of the MSN students came from the BSN program.

BEST PRACTICE III STUDENT CENTERED PROGRAMS/STRONG STUDENT SERVICES

Latino students, who faced the host of barriers related to being the first in their family to attend college, were nearly entirely dependent on student support services for guidance. Accordingly, many of the exemplary schools focused on giving the students individual attention. These services were handled by designated recruitment or retention staff,

²¹ At the time this report went to press, the distance nursing programs at the University of California-Irvine Medical Center (UCIMC) and the Anaheim Memorial Hospital had ended. It was anticipated that Anaheim Memorial would renew its contract. UCIMC had plans to start its own BSN program. In the meantime, Fullerton started programs at Good Samaritan Hospital in Los Angeles and Pomona Valley Hospital in Pomona.

financial aid officers or through campus learning centers. Other times, it was a clear attitude that the administrators, faculty and staff were there to serve the students, and that student services took priority over other areas.

► Probational Admissions Policy

► MOUNT ST. MARY'S COLLEGE

► CALIFORNIA STATE UNIVERSITY, FULLERTON

Many nursing students often came from underperforming high schools. This resulted in a lack of academic preparation and was a key barrier to increasing Latino participation in nursing because many were unable to meet the stringent academic admission requirements. Mount St. Mary's admissions criteria allowed students who did not meet all of the academic requirements to be admitted on probation. The student's ability to stay in the program was contingent on their performance in semester one. This meant students had an opportunity to overcome whatever disadvantage they faced and demonstrate their ability to perform at a college level, while having the support of the college.

California State University, Fullerton made administrative accommodations to facilitate student retention. It made the nursing program as accessible as possible to working students while maintaining the academic rigor needed to train safe and competent nurses. One example of this was that it waived the requirement that general education courses be completed prior to enrollment in the nursing program.

► Small Learning Communities

The concept of small learning communities refers to the idea that students benefit both academically and personally by smaller, more personalized learning environments that lend themselves to innovative approaches to education. (NCSL, 2002) Several of the schools profiled showed a personalized touch toward students and a loose managerial approach toward faculty and staff.

► MOUNT ST. MARY'S COLLEGE

► BAKERSFIELD COLLEGE

► CALIFORNIA STATE UNIVERSITY, LONG BEACH

► CALIFORNIA STATE UNIVERSITY, FULLERTON

► SAN JOSE STATE UNIVERSITY

One important element identified by nursing students was the attitude and accessibility of the nursing faculty. Mount St. Mary's College was one program in which both students and faculty described the nursing department as close-knit. For example, faculty could be found on campus in the evenings when students were studying for exams. Student evaluations also played a part in faculty tenure. One staff member stated that a professor, who was consistently unapproachable and unavailable, was not invited back the following year after the administration heard complaints from several sources.

Dedication and accessibility of faculty and staff was one aspect of Bakersfield College's satellite programs that made it successful. The faculty who taught at the satellite campuses gave students their home phone number, cell phone and pager numbers, and were available to take student calls at all hours. They also drove across the 2,600 square miles covered by Bakersfield College satellite campuses to give students individual attention. Furthermore, the teacher-student relationship often went beyond academics, with teachers acting as an ear for personal problems that might impede a student's ability to complete the nursing program. The students themselves, who attended classes together for two years, were a tightly knit group as well. Latino students did not report any differentiation between themselves and other nursing students, saying they were "all in this together."

Britt Rios Ellis, who heads the Latinos Healthcare Professionals Project at California State University, Long Beach said much of what made the project work was administrative support.

"The commitment from the administration to meeting the needs of underserved Latinos was amazing. The support that we get as professors is exemplary and

is not limited to the traditional academic bureaucracy often experienced. We get a lot of support from the higher-level administrators, deans, vice presidents, presidents...I have seen a definite commitment to serving the needs of Latinos, especially from the upper administration. For me, this support has been invaluable."

This support came in a variety of forms, from campus officials' willingness to travel across the country to meet with government funders, to a loose, unbureaucratic leadership that encouraged innovative thinking and initiative.

The nursing faculty at California State University, Fullerton also found the campus administration receptive and supportive when they approached them with concerns about the state of the nursing program in the late 1990s. Not only did the administration implement a fact-finding project to determine the need for additional nursing, but once they found that the need did exist they committed themselves to supporting the nursing program. The school provided the nursing department with a significant loan to add faculty to expand the program. This kind of support continued as the nursing program evolved.

The core of what worked for San Jose State University, a large public university, was that it had the feel and culture of a small, non-bureaucratic campus; staff and faculty were encouraged to "take an idea and run with it." According to the associate dean of the College of Applied Sciences, if a staff or faculty member had an idea, the administration tried to give the person as much administrative or in-kind support as possible. This sentiment was echoed by the chair of the Nursing Department, who felt she was less the head of the department and more an equal partner with the nursing faculty. She typically included faculty in the department's decision-making process, forming small committees to make decisions that affected the department.

A common theme among selected schools was that the faculty and staff were champions of minority students. In some cases this was the recruitment and retention staff. In other cases it was minority faculty. In either regard, faculty encouraged students and empathized with the unique needs and barriers they confronted. Many of the minority faculty had

themselves encountered the same roadblocks. They thus infused their teaching and interaction with minority students with lessons they learned along the way. They also attended conferences or outside events to learn more about increasing the diversity of nursing education, and often acted as a voice for nursing students in the arenas of policy and education.

► Strong Campus Resources, Retention Services/Learning Center

► MOUNT ST. MARY'S COLLEGE

► CALIFORNIA STATE UNIVERSITY, LONG BEACH

► CALIFORNIA STATE UNIVERSITY, FULLERTON

The greater Mount St. Mary's College campus offered many support services for nursing students. These included pre-screening of nursing students in basic math and reading skills, and referrals to tutoring and learning center services for those with low scores. The learning center had a dedicated staff that endeavored to establish personal relationships with the students. The majority of the staff had experience working with diverse and underrepresented student populations, which meant the center was heavily used. According to the director, the learning center had about 3,000 visits annually from a student body of 2,000.

One of the advantages of the nursing programs in the California state system was the rich array of student services. Unlike their research-focused counterparts in the University of California system, California State University (CSU) places a greater emphasis on teaching. This was evident in the less stringent research requirement placed on its faculty. At the same time, serving some of the largest student populations in the state, the CSU campuses were resource rich, as evidenced in part by their well-staffed learning centers. Both Fullerton and Long Beach had large learning centers, which offered tutoring and counseling on a wide variety of subject areas. The Long Beach staff reported having personal relationships with nursing faculty. Not only was a student referred by nursing faculty to the learning center likely to meet personally with the center director, but the center also monitored each student's progress. It was not unusual for a professor who referred a student months earlier to receive a follow-up email from the learning center reporting on the student's progress.

The extensive student services offered at the Fullerton campus were also free of charge to students, and included a learning center with 40 students on staff. The key resource available to nursing students was a personalized online writing tutorial, which matched them with writing tutors in the learning center. These tutors reviewed essays and offered guidance on writing structure and grammar. In addition, online students had access to an online Fullerton librarian, interlibrary loans and reciprocity with other CSU libraries.

► Skills Assessment and Referral

► MOUNT ST. MARY'S COLLEGE

► BAKERSFIELD COLLEGE

► CALIFORNIA STATE UNIVERSITY, FULLERTON

Mount St. Mary's College was highly cognizant that in fulfilling its mission to serve the community, it admitted many students who came from underperforming schools. Because of this, students were required to take basic math and reading skills tests at the beginning of the first semester. Based on their exam scores, the students were then referred to the learning center to help strengthen the required skills.

The Bakersfield College nursing department also gave students a basic proficiency test. Those who did not score above a predetermined level were automatically referred to the retention coordinator and enrolled in the Nursing 101 class. This class was essentially a formal study hall, which met weekly for basic reviews of nursing concepts that were covered in the classroom.

The nursing program at California State University, Fullerton had an assessment class for all entering students to determine reading, writing and math skills. It also offered elective classes to augment their skills and to help students manage stress.

► Designated Recruitment and Retention Nursing Staff

Several of the nursing programs had on staff, either full time or part time, a designated recruitment and retention person—in some cases this was a faculty member. Although this person often had multiple

responsibilities, what was most consistent was that he or she took a special interest in individual students, developed relationships with them, and in doing so earned their trust and confidence. Many of the barriers for Latinos in nursing are personal issues, such as family dynamics, finances, level of confidence, or soft study skills. Having someone on staff who students felt they could confide in was invaluable in empowering them to negotiate the challenges of a rigorous nursing curriculum.

► SAN JOSE STATE UNIVERSITY

► BAKERSFIELD COLLEGE

► CALIFORNIA STATE UNIVERSITY, FULLERTON

The recruitment and retention coordinator at San Jose State University was a strong advocate for minorities in the department and in nursing as well. She was fully available to students, and practiced role-playing with students to help them approach their instructors. She also was consistently proactive in encouraging and supporting students who were applying for financial aid and scholarships. She knew students personally, frequently stopping them in the hall to remind them to apply for a fellowship and offering to write letters of recommendation. She was recently awarded the 2005 Outstanding Service Award from the College of Allied Health at San Jose State University.

The nursing department at Bakersfield College had a full-time minority nursing professor who, due to funding from outside grants, was also able to play the role of the school's retention and recruitment coordinator. This person also taught a non-credit course called "Strategies for Success," offered to pre-nursing students as a foundation for the different facets of a nursing education, covering such topics as financial aid, study skills and fulfillment of prerequisites.

Additionally, Bakersfield's retention coordinator was responsible for training faculty to perform retention tasks and offer student support at each of the college's satellite programs. According to the coordinator, Bakersfield College encouraged professors to direct struggling students to the retention office for additional study help and tutoring assistance as a way to address academic issues before it was too late.

“I saw [her]; she’s Latino, she has a family and a Ph.D. I thought to myself, ‘If she can do it, so can I’.”

Despite substantial growth between 2000 and 2005, the nursing administration at Fullerton attributed its success to a strong focus on student services. The funding that created the distance learning nursing program also allowed for two full-time and two part-time staff members for student services and advising. The staff helped prospective nursing students locate outside online prerequisite courses. They also helped them negotiate the complications that often arose when signing up for courses when one was not actually a college student.

BEST PRACTICE IV HIGHLIGHTING LATINOS IN LEADERSHIP ROLES

Highlighting Latinos in nursing leadership means to both encourage Latino students to pursue advance practice nursing as well as to acknowledge the impact Latinos currently in nursing leadership positions have on the welfare and morale of aspiring Latino nurses. If the goal is to bring more Latinos into nursing it is crucial that the voice and needs of Latino students be articulated at all levels of nursing, but particularly in nursing leadership where they have the greatest opportunity to affect the field.

Several of the schools profiled created innovative programs which addressed the barriers that kept Latinos from accessing graduate level education. In some cases, this was accomplished through distance learning programs which offered greater flexibility with minimal disruption to work time or lifestyle. In another instance, a school came up with an innovative way to encourage students, who might not have considered pursuing an advanced nursing degree, through partnerships that made schooling affordable.

► Flexible Online RN to BSN and MSN Programs for Working Nurses

► CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

The nursing program at Dominguez Hills was originally designated by the chancellors of the CSU system as responsible for outreach to potential students who wouldn’t otherwise be able to attend a traditional nursing program due to work, families, alternative schedules and other obligations. The nursing program fulfilled this mission by offering the majority of its RN-BSN and MSN classes online. This class format allowed working nurses to advance their careers by earning a graduate degree with minimal disruption to their lifestyle or ability to work. It addresses a key barrier that many Latino RNs faced in moving on to higher education in nursing; namely, the pressure to start working and contribute to family income as soon as possible, rather than invest in additional schooling.

► Increase Expectations for Doctoral Level Study & Recruit Promising Minorities from Masters Program

► SAN FRANCISCO STATE UNIVERSITY

San Francisco State University is a public four-year university which offers BSN and MSN degrees. The faculty and administration collaborated with the University of California, San Francisco on a National Institute of Health grant to recruit and train minorities from SFSU’s MSN program into doctoral level nursing and research. Considering the small scale of the program and that there are only five such nursing programs in California, the fact that there were three Latino students admitted to the

“I just felt like I was able to bond with her more...maybe it was easier just because she’s [Latino]. I could trust her, because [we] share a background.”

NURSING PROGRAM BEST PRACTICES THAT RECRUIT, RETAIN AND GRADUATE LATINO STUDENTS

- ▶ Improving an Understanding of Nursing Among Latinos
- ▶ Nursing Education Tailored to Working Students
- ▶ Student Centered Programs/Strong Student Services
- ▶ Highlighting Latinos in Leadership Roles
- ▶ Culturally Aware and Supportive Learning Environments
- ▶ Working with Limited Funding

doctoral class in September of 2004 was significant. The school's philosophy was that the influence of doctoral level nurses, even though they were few in number, would be significant enough to shift the landscape of the profession over the long term by becoming tenure track faculty at universities, conducting research, training other nursing students, and serving as role models. The grant provided qualified underrepresented students with clinical research opportunities, exposure to research on health care disparities and underserved communities, and support for the Ph.D. application process. The students developed their own research projects and were paid a stipend. The grant also paid for tuition at SFSU, which allowed students to attend professional conferences and paid for Graduate Record Examination (GRE) preparation courses.

▶ Hiring Minority Faculty

One of the positive aspects of schools that valued diversity was that they attracted like-minded staff and faculty. Students said that the mere presence of Latino faculty and staff was an inspirational influence in that they were able to serve as role models, something many of these minority students had not previously been exposed to. Beyond role modeling, these minority faculty made students feel welcome. Many found minority faculty approachable and helpful.

"I saw [her]; she's Latino, she has a family and a Ph.D. I thought to myself, 'If she can do it, so can I.'"

"I just felt like I was able to bond with her more... maybe it was easier just because she's [Latino]. I could trust her, because [we] share a background."

▶ Incorporating a Cultural and Minority Focus Into Research, Teaching, Program Administration and Outside Activities

In addition to student support services and administrative practices, several schools incorporated diversity into their research and teaching. In addition to making minority students feel welcome and that their diversity was valued, it was a way for the students to learn how their cultural knowledge and heritage would serve as an asset and a resource to patients and fellow students.

Some of the minority faculty members brought with them research interests and a teaching focus that reflected their culture and that of their minority students. Margaret Avila, a well-respected Latino nursing professor at Mount St. Mary's, published a book on cultural competency in nursing education and served on state boards in California regarding nursing workforce issues. Irene Gonzalez, a Latina professor at San Jose State University, led a yearly academic trip to Peru that enabled students to do a nursing rotation to further develop their skills, abilities and leadership potential.

BEST PRACTICE V **CULTURALLY AWARE AND** **SUPPORTIVE LEARNING** **ENVIRONMENTS**

- ▶ Policy of Offering Staff and Faculty the Option to Direct Debit Funds from Paycheck to Fund Student Scholarships

▶MOUNT ST. MARY’S COLLEGE

Mount St. Mary’s College offered its faculty and staff the opportunity to have funds deducted from their paychecks and invested in a scholarship fund for low-income students. Although it was not mandatory, nearly all faculty members participated. The scholarship typically went to minority nursing students, including Latinos. In addition to helping minority students financially, it sent a message to minority students that the administration valued their presence and implemented programs to support them. The school also had many of its clinical assignments in areas that were heavily minority and Latino.

- ▶ Marketing Materials and Campus Activities that Honor and Value Diversity

▶CALIFORNIA STATE UNIVERSITY, LONG BEACH

Marketing material at California State University, Long Beach not only included the student demographics by race and ethnicity, but also the Latino and Asian demographics sub-grouped according to the major country of origins. Additionally, the school had separate graduation ceremonies for different cultural groups, in addition to the departmental graduation. In this way, students from various cultures and backgrounds were able to celebrate their uniqueness and share their educational experience and accomplishments with their families—many of whom might not have been able to understand an English language ceremony.

- ▶ Student Ethnic Nursing Societies and Mentorship Programs

▶SAN JOSE STATE UNIVERSITY

San Jose State University is a large public university with a highly diverse student body overall, and a nursing program with a reputation for valuing diversity. The department’s recruitment and retention coordinator was instrumental in instituting a longstanding system of student nursing mentorship groups for Latinos, African Americans and Filipinos. Also, each of the student nursing groups had a faculty advisor. One of the Latina faculty members said that what distinguished SJSU’s ethnic student nursing groups from those in other schools was that they worked both as individual entities as well as in collaboration with each other.

- ▶ Mandatory Cultural Competency Curricula Component

▶CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

The California State University, Dominguez Hills campus incorporated cultural competency as a mandatory part of its nursing curriculum. This trained nurses of all races and ethnicities to better meet the needs of a diverse patient population, while at the same time highlighting the strengths that minority students brought to the nursing profession.

According to Carol Shea, the director of the School of Nursing programs at Dominguez Hills, this stemmed from the original mission of the school:

"It probably came by virtue of this being a nontraditional program and our students came from many cultures...Our mission was to serve the entire state of California...[S]pecifically, to do outreach and go after the nontraditional student, who, because of work or geography or whatever, didn’t have access to a CSU...Part of our academic culture here is to

be nontraditional and different. [That is how] the program was started and many of those faculty are still teaching in a nontraditional way. When you start in a nontraditional way, it's a lot easier to make changes and see things in a different way all along the way, than to take a program that is a traditional program and make it more diverse and more outreaching..."

BEST PRACTICE VI WORKING WITH LIMITED FUNDING; EXPANDING CAPACITY & RESOURCES

In times of faculty shortages, capacity constraints and budget cuts, schools were able to increase their ability to meet student and community needs through innovative collaborations and partnerships. Many nursing schools statewide entered into financial partnerships with the private health care industry, allowing for additional faculty and clinical space through monetary and in-kind gifts. Other schools added student scholarships and tuition remissions. Collaborations between educational institutions and private groups resulted in the creation of new programs entirely, bringing nursing education to students who would not have otherwise had access to it.

► Nursing Faculty Trained by Retention Staff

► BAKERSFIELD COLLEGE

A school's ability to institute diversity programs is often contingent upon available funding. One way to address limited funding for retention services is by integrating those services into the classroom or providing them during office hours. The Bakersfield College nursing department instituted a professor-training program, whereby new professors were trained to integrate retention strategies into classroom teaching. Training focused on the same type of retention activities from the "Strategies for Success" class and enabled the college to extend its retention services without adding extra staff.

► Access External Diversity Funding

► CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

► BAKERSFIELD COLLEGE

An important feature of exemplary nursing programs was their proactive stance in accessing outside funding for their initiatives and the active pursuit of requests for proposals that focused on increasing diversity in nursing. For example, the faculty at Dominguez Hills wrote a number of grant proposals that highlighted the school's strengths and interest in increasing the diversity of its nursing education. One such grant funded training nurses in the city of Santa Ana, California, a heavily Latino area, in public health nursing. As mentioned earlier, the nursing program at Bakersfield College was part of a Central Valley Consortium of nursing programs sponsored by a \$10 million grant from The California Endowment to increase diversity.

► Funding and Collaborations to Expand Capacity of Nursing Department

► CALIFORNIA STATE UNIVERSITY, FULLERTON

► CALIFORNIA STATE UNIVERSITY, LONG BEACH

► BAKERSFIELD COLLEGE

► SAN FRANCISCO STATE UNIVERSITY

Fullerton experienced exponential growth from 2000 to 2005, and was an example of multiple collaborations with private industry. It went from four full-time nursing faculty members to 18. It expanded its on-site BSN completion program, as well as adding an MSN program with four graduate nursing specialty options, including one of the few Certified Registered Nurse Anesthetist (CRNA) programs in the state. The story of how the school was able to grow so quickly is one of multiple collaborations with private industry.

The nursing program didn't initially set out to expand. It had reached a point where it was so small that a group of nursing professors approached the campus administration with concerns about the direction the department was heading—it was short of resources and either needed to grow or close down. Once the campus administrators determined that there was significant support in the community for the nursing program, they put their support behind securing its growth. A new nursing chair was hired, with a directive to expand the program. With financial support from the administration, faculty was increased and the distance learning and masters programs were created.

The nursing department's first partnership was with Kaiser Permanente, which wanted to set up a distance learning nursing program. Kaiser wanted to partner with CSUF because it already had distance learning and teleconferencing resources on campus. CSUF now provides distance learning at eight Kaiser Permanente sites between Sacramento and San Diego. Classes are conducted one evening per week, with daytime distance learning classes at six other sites. Each Kaiser facility has a nurse educator as the facilitator, responsible for answering student questions and proctoring exams. At the Fullerton campus, a nursing professor gives the lecture and is broadcast from the teleconferencing distance learning center. Although many of the students are Kaiser employees, the programs are open to anyone. For the Kaiser employees the Fullerton distance education programs provide career mobility within the organization.

The nursing department was able to leverage the Kaiser Permanente partnership to get a sizeable loan to add faculty. This led to additional private partnerships with regional health centers, UC Irvine and a second partnership with Kaiser to administer one of the few nurse anesthetist masters programs in the state. Additional partnerships include distance learning RN to BSN programs at the Children's Hospital of Los

Angeles, Riverside Community College, Anaheim Memorial Hospital, Saint Joseph's Hospital in Orange, UC Irvine Medical Center and Mission Hospital in Mission Viejo.

Nearly all nursing programs in California access outside funding through collaborations with private industry. However, the nursing program at California State University, Long Beach was a clear example of a school that expanded the capacity of its program by funding expansion of its traditional BSN program and creating an accelerated BSN program. Department Chair Loucine Huckabay is skilled at developing these relationships, bringing in 50 percent of the school's funding from outside sources each year. The majority of these funds came through a partnership with the Long Beach Memorial Medical Center, which resulted in a \$10 million gift comprised of in-kind donations of clinical space and instructors at the medical center, and funding for administrative and student support personnel.

The medical center was motivated to provide this gift because of its prohibitively high traveling-nurse expenses of \$1 million per week. The medical center offers nursing students forgivable loans in exchange for a two-year working commitment upon graduation. Like the Kern County Health Care system, the idea was to foster locally trained nurses who would stay in the area. The school also partnered with the nearby Veterans Administration Hospital, which provided \$1.5 million dollars in additional funding for program expansion.

As mentioned earlier, Bakersfield College was able to access \$1.3 million in private health industry funding to create three satellite campuses that greatly increased the capacity of its nursing program. San Francisco State University was also able to expand the capacity of its BSN program by creating a satellite campus at Cañada College.



Part 4

Future Directions and Policy Implications

Despite the best practices of nursing programs, many barriers remained. Policy makers and key stakeholders should take note of the challenges faced by both potential Latinos nurses and those who educate them if the state, and by extension, the country, are to successfully address the current and future nursing shortage.

This study is an evaluation of unique practices of nursing programs in California, highlighting innovative thinking and collaborations that aid in better meeting the needs of Latino students and ultimately patients and society as a whole. It is our hope that this report will provide other nursing educators with directions that can be shared and replicated. In some cases, these practices were as fundamental as revisiting a mission statement and refocusing the curricula of a nursing program. In others, it meant writing an extra grant to pay for a retention staff member. While it was acknowledged that all nursing programs were overworked and underfunded, these schools were proof that their practices could be implemented in a way that did not disrupt the day-to-day practices of a nursing program but facilitated it. In many cases, strong leadership meant collaborating, taking a risk where all parties stood to benefit. In the end, these improved the reputation of the nursing programs, increased capacity, brought in additional resources, and increased the ability of the school to meet the needs of minority students.

One concern that arose from this report was that, despite the best practices of nursing programs, many barriers remained. They are documented in this report. Policy makers and key stakeholders should take note of the challenges faced by both potential Latinos nurses and those who educate them if the state, and by extension, the country, are to successfully address the current and future nursing shortage.

The following are policy recommendations that arose from this report's findings.

1► INFORM EDUCATORS, COUNSELORS AND YOUNG PEOPLE ABOUT THE REWARDS OF NURSING CAREERS

High school and community college counselors should be better informed about the career potential of nursing. Latino nursing students and Latino nurses must currently overcome extreme challenges in order to enter into and stay in nursing. Many students face ongoing, active discouragement and receive negative messages about nursing from teachers and guidance counselors. Untold numbers of minorities are being pushed away from nursing by the very people who should be encouraging them. Many high school and community college guidance counselors have outdated ideas as to the flexibility and diversity of career routes available in nursing. Nursing has met success in improving its image and attracting more students to the field. Therefore, rather than a public relations campaign to improve its image, nursing needs to more strategically inform high school and community college counselors and teachers on the profession's available opportunities, particularly for minorities.

In light of the looming projected nursing shortage in California, it is clear that providing room for these nursing students within the public community college system is a pressing health care issue.

2► ESTABLISH AND IMPROVE ARTICULATION

Leaders in the field should work together with key stakeholders in a cohesive collaborative effort to develop an effective articulation policy.²² The first step would be to convene a forum for a discussion of the key elements (such as increased enrollment or ease of educational mobility), as well as hindrances to these goals. Information must then be gathered regarding the differences and overlap in academic coursework requirements of each school in order to identify consistent standards of education for each level of nursing. Support services must then be offered to guide students through the logistics and requirements of each program.²³

3► INCREASE FUNDING TO COMMUNITY COLLEGE NURSING EDUCATION

To create a sustainable nursing workforce in California, decision- and policy makers must increase the capacity to train nursing students. The health care industry has provided millions of dollars to underwrite the cost of these programs and to pay for nursing student tuitions. Yet, these practices cannot mask the fact that nursing programs do not have enough funding to meet the demand of students in California. Better funded nursing education programs will stop schools from turning away students. In light of the looming projected nursing shortage in California, it is clear that providing room for these nursing students within the public community college system is a pressing health care issue. The need to balance the state budget by cutting community college funding must be weighed against the need for more nurses.

One option may be to re-examine community college tuition rates. Tuition at California's community colleges is the lowest in the nation, so low that students are not eligible for some federal subsidies, such as Pell Grant dollars and the Hope Scholarship tax credit (Murphy, 2004). Increasing tuition rates could allow California to access federal dollars to offset education expenses. However, this theory is contingent upon the assumption that general fund resources are not reduced because of the added revenue. It is also contingent upon students applying for financial aid for which they are eligible. As mentioned earlier, this is a major barrier for Latinos entering into the nursing workforce. Unless this barrier is addressed, increasing tuition could push higher education even further out of the grasp of many young Latinos.

4► MAKING FINANCIAL AID ACCESSIBLE: ADDRESSING CULTURAL BARRIERS TO ACCESS

Colleges and universities should play a greater role in reaching out to Latino young adults and parents with financial aid information. Many low-income nursing students must work not only to support themselves, but must also contribute to their family income. A study conducted by the Tomás Rivera Policy Institute (Lee, unpublished) found that 60 percent of the students who did not attend college cited financial difficulties as the reason. Despite all the potential private and public funding sources available, it is unfortunate that the students are not always able to take advantage of them. Among those who planned to attend college, 34 percent were more likely to pay for school themselves than rely on loans (27 percent) or scholarships (31 percent). It is not a lack of funds

²² Rapson, 4.

²³ Ibid, 6.

alone that keeps Latinos out of nursing, but also their perception of the financial aid system and a reluctance to access grants, loans and scholarships. Over 40 percent of Latino young adults and 50 percent of Latino parents were unfamiliar with the financial aid process; 43 percent of students and 51 percent of parents were not aware of a single source of financial aid. The community college system in California is of particular significance to Latino students as 34 percent of potential students said they would likely attend a two-year college, if at all.

A recently completed TRPI study, funded by The Sallie Mae Fund, looked at Latinos who access financial aid and their participation in higher education. The study showed that while nearly all Latinos want their children to go to college, the difficulties of navigating the system for first-generation college students is often insurmountable. Providing these students with a flyer on scholarships is not enough. They need to be encouraged and guided through the process. Financial aid information must be accessible to their families and available in both Spanish and English. School teachers and counselors were found to be the primary and most trusted source of college financial aid information; they should find ways to play that role more effectively.

5► PROMOTE PARTNERSHIPS BETWEEN PUBLIC AND PRIVATE SECTORS

In April 2005, Governor Arnold Schwarzenegger created the Nurse Education Initiative to utilize Workforce Investment Act monies to bring \$90 million in funding to nursing education through private-public partnerships. Given the large amount of money already being funneled into nursing education through the private industry, such public-private partnerships were a natural solution to the crisis of the nursing shortage. Other such public-private funding streams should be explored. Many current financial partnerships between nursing programs and regional health systems are created individually, without cohesion among other institutions. Leadership should be put in place, with support from the state and federal administrations, to provide political and financial support as well as strategic planning for these enterprises.

CONCLUSION

The current and projected nursing shortage will affect all Californians at some point in the near future. Taking steps at the present time to promote and facilitate nursing as an attractive and meaningful career among the soon-to-be majority of Latinos in the state not only develops and enriches the Latino community but also serves the state's labor and medical care needs.

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Appendix I:

Associate Degree Nursing Programs by Percent of Latinos in School; Southern, Northern, Central and San Diego/Imperial Regions of California

SOUTHERN CALIFORNIA:

Top 20 Associate Degree Nursing Programs, by Percent Latino of Total Student Enrollment in School

INSTITUTION	CITY	% LATINO SCHOOL*	% LATINO CITY**	FIRST YEAR NURSING ENROLLMENT*	TOTAL SCHOOL ENROLLMENT*
East Los Angeles College	Monterey Park	68	29	125	17,200
Rio Hondo College	Whittier	60	56	48	15,000
Los Angeles Trade Tech College	Los Angeles	53	47	62	800
College of the Desert	Palm Desert	52	17	59	10,400
Cerritos College	Norwalk	48	63	165	25,689
Compton Community College	Compton	45	57	34	7,000
Santa Ana College	Santa Ana	44	76	144	30,000
Los Angeles Harbor College	Wilmington	41	81	105	8,000
Chaffey College	R. Cucamonga	41	28	48	16,200
Los Angeles Valley College	Van Nuys	39	48	148	17,800
Mt. San Antonio College	Walnut	39	19	72	23,600
LA Co. College of Nurs. & Allied Hlth	Los Angeles	38	47	62	152
San Bernardino Valley College	San Bernadino	36	47	180	14,273
Ventura College	Ventura	35	25	86	11,500
Pasadena City College	Pasadena	32	33	102	23,000
Riverside Community College	Riverside	31	38	88	27,100
Long Beach City College	Long Beach	29	36	100	25,400
El Camino College	Torrance	28	13	99	24,000
Cypress College	Cypress	27	16	80	13,800
* SOURCE: California Postsecondary Education Commission 2002 ** SOURCE: US Census 2004					

SYNOPSIS OF ADN PROGRAMS IN SOUTHERN CALIFORNIA:

- ▶ **Size of Institution:**
Southern California has 30 ADN programs; over 50 percent are in institutions with over 14,000 students.
- ▶ **Percent Latino Institution:**
What is unique about Southern California is that, due to the high proportion of Latinos in the region, there are 27 ADN programs in the region in institutions which are 20 percent or more Latino.
- ▶ **Size of Nursing Program:**
Containing some of the largest metropolitan areas in the country, Southern California more than 10 ADN programs with first-year enrollment of 100+ students, 15 ADN programs have 70+ students.

OBSERVATIONS:

- ▶ Several Los Angeles Community College District schools, including **East Los Angeles College, Los Angeles Trade Technical College, Los Angeles Valley College and Los Angeles Harbor College** are distinguished in their large representation of Latino students and large nursing programs.
- ▶ **The Los Angeles County College of Nursing and Allied Health**, an affiliate of the Los Angeles County Department of Public Health, is located in an institution solely devoted to the health professions; it has a significant percentage of Latino students.
- ▶ **Riverside, Long Beach and Pasadena Colleges** are very large institutions with large nursing programs.
- ▶ Outside of the Los Angeles area, **Santa Ana College and Cerritos College, College of the Desert and San Bernardino Valley College** have large nursing programs with a significant representation Latinos.

NORTHERN CALIFORNIA:

Top 20 Associate Degree Nursing Programs, by Percent Latino of Total Student Enrollment in School

INSTITUTION	CITY	% LATINO SCHOOL*	% LATINO CITY**	DEGREE	FIRST YEAR NURSING ENROLLMENT*	TOTAL SCHOOL ENROLLMENT*
San Joaquin Delta College	Stockton	26	32	ADN	80	18,500
Contra Costa College	San Pablo	23	45	ADN	75	10117
Cabrillo College	Aptos	23	7	ADN	40	13,100
Chabot College	Hayward	20	34	ADN	34	12,900
Los Medanos College	Pittsburg	19	32	ADN	30	30,000
College of San Mateo	San Mateo	18	21	ADN	31	10,900
Napa Valley College	Napa	17	27	ADN, LPN	47	9,000
Sacramento City College	Sacramento	16	22	ADN, LPN	66	20,000
Santa Rosa Jr. College	Santa Rosa	15	19	ADN	57	25,500
City College of San Francisco	San Francisco	15	14	ADN	94	33,160
Merced College	Merced	14	41	ADN	23	7,800
Solano Community College	Suisun City	14	18	ADN	52	10,000
Merritt College	Oakland	13	22	ADN	40	6,000
Butte College	Oroville	13	8	ADN	24	10,200
American River College	Sacramento	12	22	ADN	66	30,600
Ohlone College	Fremont	11	13	ADN	44	10,500
Pacific Union College	Angwin	11	13	ADN	47	1,700
De Anza College	Cupertino	10	4	ADN	75	26,500
Evergreen Valley College	San Jose	8	30	ADN	60	12,200
Sierra College	Rocklin	7	8	ADN	37	18,000

* SOURCE: California Postsecondary Education Commission 2002 ** SOURCE: US Census 2004

SYNOPSIS OF ADN PROGRAMS IN NORTHERN CALIFORNIA:

The largest ADN program in Northern California is at the City College of San Francisco with 94 first-year students. Outside of this, four of the programs have 70+ first year students.

- ▶ **Size of Institution:**
Compared to Southern California, Northern California is smaller with 23 ADN programs, eight of which are in institutions with more than 14,000 students.
- ▶ **Percent Latino Institution:**
A diverse ethnic region, with more Asian American representation, only three of the ADN programs in Northern California are in institutions with 20 percent or more Latinos enrolled.
- ▶ **Size of Nursing Program:**
The largest ADN program in Northern California is at the City College of San Francisco with 94 first-year students. Outside of this, four of the programs have 70+ first year students.

OBSERVATIONS:

- ▶ **San Joaquin Delta College** and **Contra Costa College** are large nursing programs, 70+ students, with relatively high representations of Latinos.
- ▶ **The City College of San Francisco**, though not highly represented with Latinos is a large program in a large institution.
- ▶ **The Pacific Union College** has a relatively large nursing program, 44 first-year students, in a much smaller private institution of 1,700 total students.

CENTRAL CALIFORNIA:

All Associate Degree Nursing Programs, by Percent Latino of Total Student Enrollment in School

INSTITUTION	CITY	% LATINO SCHOOL*	% LATINO CITY**	DEGREE	FIRST YEAR NURSING ENROLLMENT*	TOTAL SCHOOL ENROLLMENT*
Hartnell College	Salinas	50	64	ADN, LPN	35	8,300
College of the Sequoias	Visalia	42	36	ADN	60	10,000
Gavilan College	Gilroy	40	54	ADN	12	5,700
Fresno City College	Fresno	38	40	ADN	70	21,800
Bakersfield College	Bakersfield	36	32	ADN	60	13,000
Allan Hancock College	Santa Maria	30	60	ADN	26	8,900
Modesto Junior College	Modesto	29	26	ADN	81	19,872
Cuesta College	San Luis Obispo	14	12	ADN	36	9,700
* SOURCE: California Postsecondary Education Commission 2002 ** SOURCE: US Census 2004						

SYNOPSIS OF ADN PROGRAMS IN CENTRAL CALIFORNIA:

- ▶ **Size of Institution:**
Compared to Southern California and Northern California, Central California has fewer ADN programs, eight programs in total, but they are predominantly in very large institutions.
- ▶ **Percent Latino Institution:**
Nearly all the ADN programs in Central California have large percentages of Latino enrollment.
- ▶ **Size of Nursing Program:**
The largest ADN program in Central California is at the Fresno City College with 70 first-year students, most of the programs are mid-sized compared to schools in Northern and Southern California.

OBSERVATIONS:

- ▶ **Fresno City College, College of the Sequoias, Bakersfield College and Modesto Junior College** have relatively large nursing programs with a significant representation of Latinos in the institutions as a whole.

SAN DIEGO AND IMPERIAL COUNTIES:

All Associate Degree Nursing Programs, by Percent Latino of Total Student Enrollment in School

INSTITUTION	CITY	% LATINO SCHOOL*	% LATINO CITY**	DEGREE	FIRST YEAR NURSING ENROLLMENT*	TOTAL SCHOOL ENROLLMENT*
Imperial Valley College	Imperial	86	61	ADN	155	3,000
Southwestern College	Chula Vista	58	50	ADN	34	18,500
San Diego City College	San Diego	27	25	ADN	59	15,500
Palomar College	San Marcos	23	37	ADN	60	25,700
Maric College	San Diego	23	25	ADN	120	720
Grossmont College	El Cajon	16	22	ADN	63	16,200
* SOURCE: California Postsecondary Education Commission 2002 ** SOURCE: US Census 2004						

SYNOPSIS OF ADN PROGRAMS IN CENTRAL CALIFORNIA:

- ▶ **Size of Institution:**
Though there are only six ADN programs in this region, the majority are in large institutions, 15,000+ enrollment.
- ▶ **Percent Latino Institution:**
ADN programs in these counties have sizeable Latino enrollments.
- ▶ **Size of Nursing Program:**
There are two large ADN programs in this region with 120+ first-year students.

OBSERVATIONS:

- ▶ **Imperial Valley College**, located very close to the US-Mexico border, while a small institution, has a very high nursing enrollment. With 86 percent of the student body being Latino, it has the highest percentage of Latinos of any institution housing a nursing program in the state.
- ▶ **Maric College** is a vocational health sciences school with a large nursing program.

Appendix II:

Four-year and Masters Level Nursing Programs by Percent of Latinos in School;
Southern, Northern, Central and San Diego/Imperial Regions of California

SOUTHERN CALIFORNIA:

All Four-Year BSN Programs including Masters Level and Advanced Practice Nursing Programs
by Percent Latino of Total Student Enrollment in School

INSTITUTION	CITY	% LATINO SCHOOL*	% LATINO CITY**	DEGREE	TOTAL SCHOOL ENROLLMENT*
California State University Los Angeles	Los Angeles	45	47	BS/BSN, RN-to-BSN, MSN, RN-to-MSN, RNP	13,500
Mount Saint Mary's College	Los Angeles	42	47	BS/BSN, ADN, Accelerated BSN, MSN	1,210
California State University Dominguez Hills	Carson	31	35	BS/BSN, MSN	13,000
California State University	Bakersfield	30	32	BS/BSN, MSN	7,000
California State University San Bernardino	San Bernardino	27	47	BS/BSN, RN-to-BSN, MSN	16,000
California State University Northridge	Northridge	25	22	BS/BSN, RN-to-BSN	22,600
California State University Fullerton	Fullerton	23	30	BS/BSN, RN-to-BSN	23,000
California State University Long Beach	Long Beach	22	36	BS/BSN, RN-to-BSN, MSN, RN-to-MSN, RNP	25,000
Azusa Pacific University	Azusa	14	64	BS/BSN, RN-to-BSN, MSN, RN-to-MSN, RNP	3,500
University of California at Los Angeles	Los Angeles	12	47	BS/BSN, RN-to-BSN, MSN, RNP	25,000
Loma Linda University	Loma Linda	12	16	BS/BSN, RN-to-BSN, MSN, RN-to-MSN, RNP	970
University of Southern California	Los Angeles	10	47	BS/BSN, RN-to-BSN, MSN, Certified Nurse Midwife, Nurse Anesthetist, RNP	15,700
California State University Chico	Chico	10	12	BS/BSN, RN-to-BSN, MSN	13,900
Biola University	La Mirada	7	33	BS/BSN	2,600

* SOURCE: California Postsecondary Education Commission 2002 ** SOURCE: US Census 2004

SYNOPSIS OF 4-YEAR AND ADVANCED PRACTICE NURSING PROGRAMS IN SOUTHERN CALIFORNIA:

- ▶ There are 14 BSN programs in Southern California: Seven in the California State school system, one in the University of California System and five private schools.
- ▶ All but three of the BSN programs also offer MSN programs.
- ▶ With the exception of USC, the private schools are very small institutions, the public schools quite large.

OBSERVATIONS:

- ▶ **Mount Saint Mary's College** is distinguished as a very small private school with a wide range of nursing programs and a high representation of Latinos.
- ▶ Compared to UCLA all the Cal State schools have much higher representation of Latinos. However, **Cal State Los Angeles**, which is 45 percent Latino, stands out from the rest.
- ▶ Of the schools offering Nurse Practitioner degree programs (RNP) **Cal State Los Angeles** and **Cal State Long Beach** have the largest representation of Latinos.
- ▶ The **University of Southern California** has the most extensive offering of advanced practice classes.

NORTHERN CALIFORNIA:

Four-Year BSN Programs including Masters Level and Advanced Practice Nursing Programs
by Percent Latino of Total Student Enrollment in School

INSTITUTION	CITY	% LATINO SCHOOL*	% LATINO CITY**	DEGREE	TOTAL SCHOOL ENROLLMENT*
California State University Stanislaus	Turlock	23	29	BS/BSN	7,500
San Jose State University	San Jose	14	30	BS/BSN, MSN	21,300
Holy Names College	Oakland	13	22	BS/BSN, RN-to-BSN, MSN, RNP	881
California State University Sacramento	Sacramento	13	22	BS/BSN, RN-to-BSN, MSN, RNP	19,300
Saint Mary's College of California	Moraga	12	5	BS/BSN	3,000
San Francisco State University	San Francisco	11	14	BS/BSN, MSN	26,800
Pacific Union College	Angwin	11	13	BS/BSN, ADN	1,700
California State University Hayward	Hayward	10	34	BS/BSN	9,300
Samuel Merritt College	Oakland	10	22	BS/BSN, MSN, Nurse Anesthetist, RNP	867
Sonoma State University	Rohnert Park	10	14	BS/BSN, RN-to-BSN, MSN, RNP	6,200
University of San Francisco	San Francisco	10	14	BS/BSN, RN-to-BSN, RNP	4,100
Dominican University of California	San Rafael	9	23	BS/BSN, RN-to-BSN, MSN	950
Humboldt State University	Arcata	8	7	BS/BSN	6,500
* SOURCE: California Postsecondary Education Commission 2002 ** SOURCE: US Census 2004					

SYNOPSIS OF 4-YEAR AND ADVANCED PRACTICE NURSING PROGRAMS IN NORTHERN CALIFORNIA:

- ▶ There are 12 BSN programs in Northern California: Seven in the California State school system, four in private schools with BSN programs in Northern California.
- ▶ All but four of the 11 BSN programs also offer MSN programs.

OBSERVATIONS:

- ▶ With the exception of **San Jose State University**, none of the institutions with BSN programs in the Bay Area have significant representation of Latinos. In addition, it offers an MSN degree.
- ▶ **Samuel Merritt College** in Oakland is a small private health professionals program. It offers a wide array of advanced practice nursing degrees and has a joint program with Mount St. Mary's College of California.
- ▶ **Cal State Stanislaus** is a mid-sized university with the largest representation of Latinos of any of the institutions with BSN programs in Northern California.
- ▶ **The University of San Francisco** is a small private university with an extensive offering of nursing programs.
- ▶ **San Francisco State University** is the largest Northern California school offering a BSN degree. It also offers an MSN degree.

CENTRAL CALIFORNIA:

All Four-Year BSN Programs including Masters Level and Advanced Practice Nursing Programs
by Percent Latino of Total Student Enrollment in School

INSTITUTION	CITY	% LATINO SCHOOL*	% LATINO CITY**	DEGREE	TOTAL SCHOOL ENROLLMENT*
California State University Fresno	Fresno	23	40	BS/BSN, MSN, RNP	21,272
* SOURCE: California Postsecondary Education Commission 2002 ** SOURCE: US Census 2004					

SYNOPSIS OF 4-YEAR AND ADVANCED PRACTICE NURSING PROGRAMS IN CENTRAL CALIFORNIA:

- Cal State Fresno is the only BSN program in Central California. It offers an MSN and RNP degree as well.

SAN DIEGO AND IMPERIAL COUNTIES, CALIFORNIA:

All Four-Year BSN Programs including Masters Level and Advanced Practice Nursing Programs
by Percent Latino of Total Student Enrollment in School

INSTITUTION	CITY	% LATINO SCHOOL*	% LATINO CITY**	DEGREE	TOTAL SCHOOL ENROLLMENT*
San Diego State University	San Diego	20	25	BS/BSN, RN-to BSN, MSN, Certified Nurse Midwife, RNP	25,700
National University	La Jolla	17	7	BS/BSN, RN-to BSN	7,000
University of San Diego	San Diego	13	24	BS/BSN, RN-to BSN, MSN, RN-to-MSN, RNP, PhD	4,600
Point Loma Nazarene University	San Diego	10	25	BS/BSN, RN-to BSN	2,300
* SOURCE: California Postsecondary Education Commission 2002 ** SOURCE: US Census 2004					

SYNOPSIS OF 4-YEAR AND ADVANCED PRACTICE NURSING PROGRAMS IN THE SAN DIEGO
AND IMPERIAL COUNTIES OF CALIFORNIA:

- There are only four schools in these counties that offer BSN programs.
- **San Diego State University** is a large state school. It has the highest representation of Latinos of all institutions with BSN programs in these counties, and has a large offering of advanced practice nursing degrees.
- Outside of San Diego State University, the remainder of BSN programs are in small private universities. Of these only the **University of San Diego** offers significant advanced practice nursing programs.

Appendix III:

Top 30 Nursing Programs:

by Numbers of Latino Graduates, Percent of Institution Latino

2002				2001			
1	East Los Angeles College	55	68%	1	Fresno City College	51	38%
2	Fresno City College	52	38%	2	East Los Angeles College	35	68%
3	Riverside City College	47	31%	3	Mount Saint Mary's College	33	40%
4	Long Beach City College	44	29%	4	Cal State, Dominguez Hills	32	31%
5	Mount Saint Mary's College	37	40%	5	Long Beach City College	32	29%
6	San Joaquin Delta College	36	26%	6	San Joaquin Delta College	31	26%
7	Bakersfield College	35	36%	7	Cerritos College	29	48%
8	University of Southern California	33	10%	8	Bakersfield College	28	36%
9	Loma Linda University	29	12%	9	Saddleback College	27	13%
10	Cal State, Los Angeles	26	45%	10	Univ. of Southern California	27	10%
11	Rio Hondo College	26	60%	11	Cal State, Los Angeles	25	45%
12	Cal State, Dominguez Hills	24	31%	12	Pasadena City College	25	32%
13	Pasadena City College	24	32%	13	Imperial Valley College	22	86%
14	Imperial Valley College	23	86%	14	El Camino College	20	28%
15	Saddleback College	23	13%	15	Chaffey Community College	19	41%
16	Cal State, Long Beach	22	22%	16	Loma Linda University	19	12%
17	Contra Costa College	22	23%	17	Riverside City College	19	31%
18	Santa Ana College	22	44%	18	Hartnell College	17	50%
19	Maric College, San Diego	20	23%	19	Los Angeles Harbor College	17	41%
20	El Camino College	19	28%	20	Los Angeles Valley College	17	39%
21	Cerritos College	18	48%	21	Ventura College	17	35%
22	Chaffey Community College	18	41%	22	Cal State, San Bernardino	16	27%
23	Pacific Union College	17	11%	23	Maric College - San Diego	16	23%
24	San Bernardino Valley College	17	36%	24	Rio Hondo College	16	60%
25	Glendale Community College	16	23%	25	UC, Los Angeles	16	12%
26	Los Angeles Valley College	16	39%	26	San Bernardino Valley College	15	36%
27	Modesto Junior College	16	30%	27	Cal State, Long Beach	14	22%
28	San Francisco State University	16	11%	28	Modesto Junior College	14	30%
29	Victor Valley College	16	25%	29	Cal State, Fresno	13	23%
30	Azusa Pacific University	15	14%	30	College of the Sequoias	13	42%

SOURCE: California Postsecondary Education Commission 2002

NOTE:

- **Data unavailable for:** Cabrillo College, Evergreen Valley College, Golden West College, Los Angeles Community College of Nursing and Allied Health, Los Angeles Trade Tech College, National University, Holy Names College, University of San Diego.

Appendix IV:

NCLEX-RN Passage Rates, 2001-2003

The table below is categorized by academic year (July 1, 2002-June 30, 2003) and reflects the results of all graduates (including students who graduated prior to July 1997) who took the NCLEX examination for the first time within the last five years. The average NCLEX-RN passage rate for 2002/2003 was 84.37 percent.

	Institution	# Taken 2001/2002	% Pass 2001/2002	# Taken 2002/2003	# Pass 2002/2003
1	Biola University	20	90.00%	25	100.00%
2	Sierra College	47	95.74%	42	100.00%
3	University of San Diego/Hahn MSN	N/A	N/A	8	100.00%
4	Palomar College	57	94.74%	64	98.44%
5	UC San Francisco MSN	53	96.23%	64	98.44%
6	Mount San Jacinto College	29	93.10%	37	97.30%
7	Santa Rosa Junior College	47	95.74%	65	96.92%
8	Sacramento City College	36	97.22%	61	96.72%
9	Antelope Valley College	41	85.37%	47	96.23%
10	Chaffey College	48	91.67%	46	95.65%
11	Santa Monica College	51	74.51%	43	95.35%
12	CSU Los Angeles	43	95.35%	41	95.12%
13	Riverside Community College	101	92.08%	97	94.85%
14	Los Medanos College	46	78.26%	53	94.34%
15	Santa Barbara City College	36	91.67%	35	94.29%
16	Modesto Junior College	86	91.86%	113	93.81%
17	Humboldt State University	45	84.44%	32	93.75%
18	San Diego State University	65	100.00%	80	93.75%
19	Evergreen Valley College	40	90.00%	31	93.55%
20	San Bernardino Valley College	75	96.00%	74	93.24%
21	University of San Francisco	88	95.45%	74	93.24%
22	Mount San Antonio College	39	97.44%	58	93.10%
23	Butte Community College	21	95.24%	28	92.86%
24	Cuesta College	40	85.00%	42	92.86%
25	Santa Ana College	62	82.26%	42	92.86%
26	Point Loma Nazarene College	30	86.67%	55	92.73%
27	Shasta College	57	87.72%	63	92.06%
28	College of San Mateo	39	89.74%	37	91.89%
29	Monterey Peninsula College	39	84.62%	47	91.49%
30	College of the Redwoods	24	66.67%	34	91.18%
31	Gavilan College	15	100.00%	11	90.91%
32	American River College	51	86.27%	72	90.28%
33	Azusa Pacific University	48	81.25%	57	89.47%
34	Golden West College	72	81.94%	92	89.13%
35	LA Co. College of Nursing & Allied Health	68	79.41%	98	88.78%
36	El Camino College	72	86.11%	61	88.52%
37	Saddleback College	89	89.89%	77	88.31%
38	Contra Costa College	38	92.11%	33	87.88%
39	Ohlone College	35	82.86%	33	87.88%
40	Yuba College	45	88.89%	32	87.50%
41	City College of San Francisco	62	80.65%	79	87.34%
42	Loma Linda University DE	13	53.85%	54	87.04%
43	Cabrillo College	40	87.50%	38	86.84%
44	CSU Chico	55	89.09%	83	86.75%
45	Loma Linda University AD	51	90.20%	82	86.59%

46	LA Harbor College	45	95.56%	52	86.54%
47	Mount Saint Mary's College BSN	90	81.11%	59	86.44%
48	Rio Hondo College	38	81.58%	51	86.27%
49	College of the Desert	41	90.24%	58	86.21%
50	Solano Community College	31	67.74%	35	85.71%
51	CSU Hayward	48	85.42%	62	85.48%
52	LA Valley College	89	75.28%	82	85.37%
53	Cypress College	54	87.04%	60	85.00%
54	Chabot College	26	88.46%	39	84.62%
55	Ventura College	59	89.83%	71	84.51%
56	College of the Canyons	54	85.19%	51	84.31%
57	LA Pierce College	60	80.00%	57	84.21%
58	College of Marin	34	82.35%	43	83.72%
59	Glendale Community College	54	79.63%	54	83.33%
60	LA Trade-Technical College	25	76.00%	24	83.33%
61	Samuel Merritt College School of Nursing	97	89.69%	114	83.33%
62	Bakersfield College	77	88.31%	35	82.86%
63	Southwestern College	30	80.00%	35	82.86%
64	Merced College	14	71.43%	29	82.76%
65	CSU Sacramento	108	87.04%	57	82.46%
66	Fresno City College	120	83.33%	114	82.46%
67	San Diego City College	46	76.09%	85	82.35%
68	Victor Valley College	59	96.61%	56	82.14%
69	College of the Sequoias	48	85.42%	75	81.33%
70	CSU Fresno	48	89.58%	63	80.95%
71	Grossmont College	81	83.95%	92	80.43%
72	Maric College	94	74.47%	25	80.00%
73	De Anza Community College	52	84.62%	53	79.25%
74	East Los Angeles College	37	86.49%	48	79.17%
75	Moorpark College	62	93.55%	42	78.57%
76	San Jose State University	66	87.88%	83	78.31%
77	San Joaquin Delta College	88	79.55%	92	78.26%
78	Napa Valley College	45	75.56%	66	77.27%
79	Pasadena City College	82	86.59%	103	76.70%
80	CSU San Bernardino	68	77.94%	58	75.86%
81	CSU Bakersfield	29	89.66%	28	75.00%
82	Sonoma State University	34	85.29%	12	75.00%
83	University of Southern California	79	78.48%	82	74.39%
84	San Francisco State University	90	77.78%	35	74.29%
85	Dominican University of California	38	57.89%	41	73.17%
86	Long Beach City College	83	84.34%	69	72.46%
87	Compton Community College	20	25.00%	18	72.22%
88	CSU Long Beach	58	82.76%	35	71.43%
89	Imperial Valley College	34	67.65%	34	70.59%
90	Mount Saint Mary's College ADN	71	76.06%	23	69.57%
91	Cerritos College	99	81.82%	59	69.49%
92	Pacific Union College	46	76.09%	76	65.79%
93	Allan Hancock College	3	100.00%	20	60.00%
94	Hartnell College	40	65.00%	32	59.38%
95	LA Southwest College	58	36.21%	39	51.28%
96	Merritt College	9	77.78%	35	48.57%

SOURCE: California Board of Registered Nursing, 2004.

NOTE:

- NCLEX-RN passage rates were unavailable for CSU Stanislaus, LA City College and Mendocino College.

Appendix V:

Advisory Committee Members

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Academic Services and Diversity Enhancement
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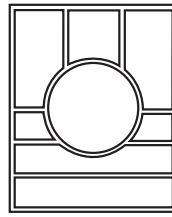
Joanne Spetz, Ph.D.

Assistant Adjunct Professor
Community Health Systems
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Associate Director
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Appendix VI:

Expert Interviews

Rosa Ramirez, MPA, MPH	Program Officer	Hablamos Juntos
Julia Walsh, Ph.D.	Professor of Maternal and Child Health	School of Public Health University of California, Berkeley
Marilyn P. Chow, R.N. DNSc, F.A.A.N.	Vice President of Patient Care Services	Kaiser Permanente
Jorge Lambrino, Ph.D.	Professor	California State University Los Angeles
Yolanda Partida, Ph.D.	Director	National Program Office Hablamos Juntos
Eric Aguilar	31-year-old, Latino EMT	Student at ADN program SMC
Aida Bucago	Academic Outreach Program	Kaiser Permanente Southern California
Gloria Rodriguez, RN	Clinic Coordinator	Charles R. Drew University, L.A.
Marie Kleinrock	Academic Outreach Program	Kaiser Permanente Northern California
Lisa Valenzuela	Director of Human Resources	Verdugo Hills Hospital Southern California
Monica Marshall Johnson	ER Nurse Manager, HOPE Scholar	Kaiser Permanente
Bertha Torres Richardson		Hospital Council
Mary Wallace	Executive Director & CEO	San Joaquin Valley Health Consortium
Delores Jones		California Institute for Nursing and Healthcare
Judy McGee	Career Mobility Grant Patient Care Services	Kaiser Permanente
Carol Bradley, RN, MSN	Chief Nursing Officer	Tenet California, Southern Pasadena former editor <i>Nurseweek Magazine</i>
Noemi Vargas	Teacher	LAUSD Adult School, LVN program
Maria Elena Ruiz MS, FNP, RN	Assistant Clinical Professor	Department of Nursing, USC
Alan Hellman		LAUSD Adult School
Sandra Castillo	Dean of Nursing	Contra Costa College & member, Coalition for Nursing Careers in L.A.
Mary Rapson	National Program Director	Colleagues in Caring: Regional Collaborative for Nursing Workforce Development
Ellen Lewis		Colleagues in Caring, UC Irvine
Gail Biesemeyer	Asst. Director for Health Sciences Program	Rio Hondo Community College
Linda Gregory	Outreach & Strategic Planning Campaign targeting minorities	Coalition for Nursing Careers in California
Evelyn Calvillo	Professor	Cal State L.A. Nursing Department
Lurelean B. Gaines	Chair	East L.A. Community College
LaVonna Lewis, Ph.D.	Assistant Professor	School of Policy, Planning and Development, USC
Diana Moore	Former Dean	Fresno City College
Bobbi Kimball, RN, M.B.A.	Healthcare Management Consultant Former Chief Nursing Officer/ Vice President, Nursing Services	California Pacific Medical Center San Francisco, CA
Marilyn Rodgers	Outreach	Kaiser Permanet Health Plan Santa Clara
Tina Davidson, MSN	Nurse Researcher	Charles R. Drew University, L.A.
Rhonda Mintz-Binder	Dean of Nursing	Los Angeles City College
Wendy Hollis	Director of Nursing	Los Angeles Harbor College
Pilar de la Cruz-Reyes	Chief Nursing Officer	Fresno Heart Hospital



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